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|  | | **REQUEST FOR RETIREMENT** | | | | | | | | | | | | | | | | | | | | |  | |
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|  | | TO THE BOARD OF TRUSTEES: | | | | | | | | | | | | | | | | | | | | |  | |
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|  | | In accordance with the provisions of Act 454 of the 1949 General | | | | | | | | | | | | | | | | | | | | |  | |
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|  | | Assembly, I, | | | | | | |  | | | | | | | | | | | | | , | | |
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|  | | a member of the Arkansas State Highway Employees’ Retirement System and | | | | | | | | | | | | | | | | | | | | |  | |
|  | |  | | | | | | | | | | | | | | | | | | | | |  | |
|  | | enrolled under Retirement No. | | | | | | | | | | | |  | | | | | | hereby request | | |  | |
|  | |  | | | | | | | | | | | | | | | | | | | | |  | |
|  | | retirement on | | | | | | | |  | | | | | | having qualified by attaining the age of | | | | | | |  | |
|  | |  | | | | | | | | | | | | | | | | | | | | |  | |
|  | | |  | | | with | | | | |  | years of creditable service as provided for in said Act, | | | | | | | | | | |  | |
|  | |  | | | | | | | | | | | | | | | | | | | | |  | |
|  | | I choose | | | | |  | | | | | | | | | | | annuity as indicated on the | | | | |  | |
|  | |  | | | | | | | | | | | | | | | | | | | | |  | |
|  | | second page of this form. | | | | | | | | | | | | | | | | | | | | |  | |
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|  | | Name | | |  | | | | | | | | | |  | | | |  | | | |  | |
|  | |  | | | (First Name) | | | | | | | | | | (Middle Name) | | | | (Last Name) | | | |  | |
|  | | District  or Division | | | | | |  | | | | | | | | | | | | | | |  | |
|  | | Home  Address | | | | | |  | | | | | | | | | | | | | | |  | |
|  | | City, State and Zip Code | | | | | |  | | | | | | | | | | | | | | |  | |
|  | | Signature | | | | | |  | | | | | | | | | | | | | | |  | |
|  | |  | | | | | | (Member) | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Social Security Number | | |  | | | | | | | | | Date | | | |  | | | |  | | |

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| DO NOT WRITE BELOW THIS LINE | | | | | | | | | | | |
| ANNUITY PAYMENTS | | | | | | | | | | | |
| PERIOD OF PAYMENT | | | MONTHLY  ANNUITY | | PRIOR  DEDUCTION | NET PAY | | PREPARED  BY | | VERIFIED  BY | APPROVED |
| First Month or Fraction Thereof | | |  | |  |  | |  | |  |  |
| Each Month Thereafter | | |  | |  |  | |  | |  |  |
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| Prior Service Completion Date | |  | | | | | Date Approved | |  | | |
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**REQUEST FOR RETIREMENT (Con’t)**

**STRAIGHT LIFE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| I herewith request a Straight Life Annuity in lieu of Option A or Option B explained below. | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | |  | | |  | |  | |  | | | |  | | |  | | |  |
| Date |  | | | | | | | | | | Signature of Applicant | | | | | |  | | | | | | |
|  |  | | | | | | | | | |  | | | | | | ***(to be signed in front of notary)*** | | | | | | |
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| **OPTION A** | | | | | |  | | |  | |  | |  | | | |  | | |  | | |  |
|  | | | | | |  | | |  | |  | |  | | | |  | | |  | | |  |
| I elect to receive an amount calculated to provide an actuarially equivalent benefit under Arkansas Code 24-5-118, payable to me for life | | | | | | | | | | | | | | | | | | | | | | | |
| Or a period of one hundred twenty (120) monthly payments. My designated beneficiary is: | | | | | | | | | | | | | | | | | | | | | | | |
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| **BENEFICIARY INFORMATION:** | | | | | | | | | | |  | |  | | | |  | | |  | | |  |
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| NAME | |  | | | | | | | | | | | | | | | | | | | | | |
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| ADDRESS | | | | |  | | | | | | | | | | | | | | | | | | |
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| Social Security Number | | | | | | |  | | | | Signature of Applicant | | | | | |  | | | | | | |
|  | | | | | |  | | |  | |  | | | | ***(to be signed in front of notary)*** | | | | | | |
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| **OPTION B** | | | | | |  | | |  | |  | |  | | | |  | | |  | | |  |
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| I elect to receive an amount calculated to provide an actuarially equivalent benefit under Arkansas Code 24-5-118, payable for my life and | | | | | | | | | | | | | | | | | | | | | | | |
| ½ of my annuity to my beneficiary at the time of my death. My designated beneficiary is: | | | | | | | | | | | | | | | | | | | | | | | |
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| **BENEFICIARY INFORMATION:** | | | | | | | | | | |  | |  | | | |  | | |  | | |  |
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| NAME | | |  | | | | | | | | | | | | | | Date of Birth | | |  | | | |
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| Social Security Number | | | | | | |  | | | | | Signature of Applicant | | | | | |  | | | | | |
|  | | | | | | |  | | | | |  | | | | | | ***(to be signed in front of notary)*** | | | | | |
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| FORM MUST BE NOTARIZED | | | | | | | | | | | | | | | | | | | | | | | |
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| State of | | | |  | | | | | | County of | | | |  | | | | | | |  | | |
| Subscribed and sworn to before me on this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_. | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | |  | | | | | | | | Notary Public |  | | | | | | |
| (SEAL) | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | My commission expires | | |  | | | | |
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