

**SPOUSE WAIVER OF MONTHLY SURVIVOR BENEFIT (MERS)**

**PART I - GENERAL INFORMATION AND INSTRUCTIONS - PLEASE READ CAREFULLY**

A member who has been married at *least one year* at the time of retirement must provide a lifetime benefit (Option A or B) to his/her spouse unless the spouse signs a waiver consenting to a different payment election. Therefore, all employees who, at the time of retirement, have been married for at least one year and who do not choose payment Option A or Option B naming their current spouse as the annuitant, are required to execute this form. The member needs to fill out Part II *Member's Statement*. The spouse needs to execute Part III *Spouse Waiver* in front of a Notary.

MEMBER'S NAME (Last)	First Name	M.I.	MEMBER NUMBER	RETIREMENT DATE	SOCIAL SECURITY NO.
SPOUSE'S NAME (Last)	First Name	M.I.	SPOUSE'S DATE OF BIRTH	SPOUSE'S SOC. SEC. NUMBER	DATE OF MARRIAGE

**PART II - MEMBER'S STATEMENT**

**Member's Statement:** After reviewing the payment options with my spouse and the possible effect of my election to him or her on the monthly pension benefit, I have chosen to retire with:

- Option B - 50 or 100% Survivorship       Option C - 10/20 year certain       Option D - Straight Life

Name of Annuitant: (Last, First, M.I.) \_\_\_\_\_ Not Applicable for Option D

SIGNATURE OF MEMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

**PART III - SPOUSE WAIVER - TO BE SIGNED IN FRONT OF A NOTARY**

I understand that at retirement my spouse is required to select a payment option (Option A or B) which will provide me with lifetime pension payments after his or her death *unless* I waive my right to these lifetime payments. I understand that unless I am a named contingent annuitant on a payment election I will not receive any MERS pension payment after my spouse's death. I understand that if my spouse's employer is covered by Social Security, the pension payment is reduced when s/he is eligible for social security (age 62) or earlier if s/he receives a Social Security disability benefit. I understand by signing this form:

- |  |              |
|--|--------------|
|  | Initial Here |
| <input type="radio"/> I am waiving my right to a guaranteed lifetime pension.  | _____        |
| <input type="radio"/> I am allowing my spouse to choose a payment option other than Option A or Option B.                  | _____        |
| <input type="radio"/> I am consenting to my spouse's choice of payment option and/or annuitant.                            | _____        |
| <input type="radio"/> My spouse's payment option <b>cannot</b> be changed after his/her retirement for <b>any reason</b> . | _____        |
| <input type="radio"/> My waiver (what I am signing) is irrevocable once my spouse's pension payments begin.                | _____        |

I understand that signing this waiver may have significant adverse impact on any MERS monthly pension payments that may be due to me as a surviving spouse. I certify that I am signing this waiver of my own free act and deed.

SIGNATURE OF SPOUSE: \_\_\_\_\_ DATE: \_\_\_\_\_

Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signature of notary public: \_\_\_\_\_

SEAL & STAMP HERE