

ARKANSAS STATE HIGHWAY EMPLOYEES' RETIREMENT SYSTEM REQUEST FOR RETIREMENT

TO THE BOARD OF TRUSTEES:

In accordance with the provisions of Act 454 of the 1949 General Assembly, I, _____, 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.

Name _____
(First Name) (Middle Name) (Last Name)

District or Division _____

Home Address _____

City, State and Zip Code _____

Signature _____
(Member)

Social Security Number _____ Date _____

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						

Prior Service Completion Date _____ Date Approved _____

ARKANSAS STATE HIGHWAY EMPLOYEES' RETIREMENT SYSTEM
REQUEST FOR RETIREMENT (Con't)

STRAIGHT LIFE

I herewith request a Straight Life Annuity in lieu of Option A or Option B explained below.

Date _____ Signature of Applicant _____

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:

BENEFICIARY INFORMATION:

NAME _____

ADDRESS _____

Social Security Number _____ Signature of Applicant _____

OPTION B

I elect to receive an amount calculated to provide an actuarially equivalent benefit under Arkansas Code 24-5-118, payable for my life and 1/2 of my annuity to my beneficiary at the time of my death. My designated beneficiary is:

BENEFICIARY INFORMATION:

NAME _____ Date of Birth _____

ADDRESS _____

Social Security Number _____ Signature of Applicant _____

FORM MUST BE NOTARIZED

Subscribed and sworn to before me a Notary Public in and for the County and State aforesaid, this the _____ day of _____, _____.

My Commission Expires _____ Notary Public _____