

5 N 5th Street Harrisburg PA 17101-1905 Toll-free: 1.888.773.7748 www.psers.pa.gov Fax: 717.772.3860 PSRS- 631 (07/2019)	<h2 style="margin: 0;">Option Designation</h2> <h3 style="margin: 0;">(For Option Change – Due to Death)</h3>	 <p>PSERS</p>	Mail Center
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Name	SS#
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Monthly Payment Plan *(complete only the plan you want -- leave others blank)*

***** YOUR SELECTION IS IRREVOCABLE *****

<h3 style="margin: 0;">Maximum Option</h3>	I elect to continue to receive my current check amount. Upon my death, the check for the month in which death occurs will be prorated to the date of death and will be payable to my estate with no further benefits for a beneficiary.
Your Signature	Date

<h3 style="margin: 0;">Option 1</h3>	<p style="text-align: center;"><u>This option is not available to individuals receiving a disability annuity.</u></p> <p>I understand that under this plan I will receive a reduced retirement allowance. A "Present Value" is placed on my retirement allowance. All payments are to be subtracted from this present value. Any balance remaining at my death will be paid to my beneficiary. I may name one or more beneficiaries and may change beneficiaries at any time.</p> <p style="text-align: center;"><i>A primary beneficiary(ies) must be designated in Section B/C of the enclosed "Nomination of Beneficiaries" form. You may designate a secondary beneficiary(ies) in Section D/E.</i></p>
Your Signature	Date

<h3 style="margin: 0;">Option 2</h3>	<p>I understand that under this plan I will receive a reduced retirement allowance. The amount of reduction is based on my age and the age of the person I name as my "Survivor Annuitant." Only one person may be named as my survivor annuitant. At my death, that person will continue to receive for life the same monthly amount as was paid to me.</p> <p style="text-align: center;"><i>Designate your survivor annuitant in the space provided below. A copy of the survivor annuitant's birth certificate is required.</i></p>		
Name of Survivor Annuitant	SS# of Surv. Annuitant	Gender	Address
	Date of Birth	Relationship	
Your Signature			Date

Option 3

I understand that under this plan I will receive a reduced retirement allowance. The amount of reduction is based on my age and the age of the person I name as my "Survivor Annuitant." Only **one** person may be named as my survivor annuitant. At my death, that person will receive for life one-half (1/2) the monthly amount that was paid to me.

Designate your survivor annuitant in the space provided below. A copy of the survivor annuitant's birth certificate is required.

Name of Survivor Annuitant	SS# of Surv. Annuitant	Gender	Address
	Date of Birth	Relationship	
Your Signature			Date

Special Option

I elect another form of payment plan specified in the attached letter. (You must list complete details including designated survivor information and method of distribution.)

I understand that all payments under this plan must be approved by the Actuary of PSERS to be of equivalent actuarial value.

Your Signature	Date
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