



OPTION CHANGES UNDER ACA 24-4-606

RETIRED MEMBER INFORMATION

Name: _____ Social Security Number: _____ - _____ - _____

Address: _____

City: _____ ST: _____ Zip: _____

PREVIOUS BENEFICIARY INFORMATION

At the current date, my monthly benefits from the Arkansas Public Employees Retirement System are being, or will be paid, under the provisions of a (choose one) Straight Life A120 A60 Annuity, and I have designated:

_____ (Print Current Name of Beneficiary)

as the person to receive either in a lump sum or on a monthly basis, the contributions or monthly benefits which may be payable by law upon my death.

NEW SPOUSE \ BENEFICIARY INFORMATION

However, under the provisions of ACA 24-4-606, due to the marriage of myself after retirement or within the ONE (1) year immediately preceding my retirement, I hereby elect to cancel my current selected Annuity option and elect (choose one) OPTION B75 B50 providing continuing lifetime benefits to my spouse listed below.

Spouse Name: _____ Social Security Number: _____ - _____ - _____

Date of Birth: _____ Gender: F M

Address: _____

(If different from Retired Member's address listed above)

City: _____ ST: _____ Zip: _____

My marriage occurred on _____ and I have attached a copy of my marriage certificate (Date)

showing that I have been married to my current spouse for at least ONE (1) year on the date I sign this form.

RETIRED MEMBER SIGNATURE

I realize that this change in option selection will reduce my monthly benefit amount and that this change will be effective the first day of the month following receipt of this form by the Arkansas Public Employees Retirement System.

Signature of Retired Member

Date

STATE OF ARKANSAS

County of _____

Subscribed and sworn to before me a Notary Public in and for the County and State aforesaid, this the _____ day of _____, 20_____.

SEAL

Notary Public Signature