



ESTIMATE CARD

INSTRUCTIONS: To receive a retirement benefit estimate, fill out this form. You may fill in the fields online, or print out a blank form and fill it out by hand. To submit this form electronically, fill it out online, then save a copy to your desktop. Use the NHRS Secure Message Center to send the saved copy. A link to the Secure Message Center can be found at the top of every page on our website, www.nhrs.org. Hard copies of this form are also accepted by mail or fax at the above address. Within 30 days, an estimate will be sent to you at the mailing address NHRS has on record.

TYPE OF RETIREMENT			
<input type="checkbox"/> Service	<input type="checkbox"/> Accidental Disability		
<input type="checkbox"/> Vested Deferred	<input type="checkbox"/> Ordinary Disability		
PERSONAL INFORMATION			
Name:	Social Security (Last 4):		
Address:	Daytime Phone Number:		
Termination Date:	Date of Birth:		
Years in System:	Estimated Retirement Date:		
Current Gross Annual Salary: \$	Expected Severance Pay: \$		
Current Employer:	(Include all leave, longevity, etc)		
SURVIVORSHIP OPTIONS: By law, under a survivorship option a single beneficiary can be any person. Multiple beneficiaries, however, must be your children and may include your spouse. The distribution percentage is that portion of a survivorship allowance, expressed as a percent (%) which will be payable to each multiple beneficiary upon your death. The total combined percentages must equal 100%.			
IF YOU ARE INTERESTED IN SURVIVORSHIP OPTIONS PLEASE PROVIDE			
Beneficiary's Date of Birth:		Relationship to you:	
Or			
Beneficiaries' Dates of Birth:	Choose one:		Percentage Distribution:
1)	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	<input type="checkbox"/> Spouse %
2)	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	<input type="checkbox"/> Spouse %
3)	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	<input type="checkbox"/> Spouse %
I certify that the information in or attached to this Estimate Card is complete, accurate and up-to-date. Furthermore, I understand this estimate is non-binding.			
<input type="checkbox"/> By checking this box you are certifying that you have read and agreed to the above statement.			

The New Hampshire Retirement System (NHRS) is governed by New Hampshire RSA 100-A, rules, regulations, and Federal laws including the Internal Revenue Code. NHRS also implements policies adopted by the Board of Trustees. These laws, rules, regulations, and policies are subject to change. Even though the goal of NHRS is to provide information that is current, correct, and complete, NHRS does not make any representation or warranty as to the current applicability, accuracy, or completeness of any information provided. The information herein is intended to provide general information only, and should not be construed as a legal opinion or as legal advice. Members are encouraged to address specific questions regarding NHRS with an NHRS representative. In the event of any conflict between the information herein and the laws, rules, and regulations which govern NHRS, the laws, rules, and regulations shall prevail.