



POST-RETIREMENT SPOUSE SURVIVORSHIP OPTION CHANGE

This election is available to retirees who meet all of the following conditions:

1. The retiree elected Survivorship Option 2, 3, or 4, and the beneficiary nominated under such option was the retiree's spouse at the time of retirement.
2. The retiree's spouse at the time of retirement is deceased.
3. The retiree has subsequently remarried.

The election permits a change to the retiree's Survivorship Option chosen at retirement. The optional allowance shall be of equivalent actuarial value. Any supplemental allowances, or cost-of-living adjustments (COLAs), granted to the retiree before the effective date of this election shall terminate on the effective date, but the value of those COLAs shall be included in the actuarial determination of the pension payable under the option elected.

Note: A copy of the death certificate of the former spouse and both a birth certificate and marriage certificate for the current spouse must be submitted with this form.

SECTION I - RETIREE INFORMATION			
Retiree's Name	Retiree's Address	Retiree's Social Security #	Retiree's Date of Birth
Current Benefit Amount:		Group I <input type="checkbox"/>	Group II <input type="checkbox"/>
SECTION II - DESIGNATION OF BENEFICIARY			
I hereby designate my current spouse as beneficiary for the Survivorship Option elected in Section III.			
Spouse's Name	Spouse's Address	Spouse's Social Security #	Spouse's Date of Birth
SECTION III - SURVIVORSHIP OPTION ELECTION			
I hereby elect to convert the benefit which I am currently receiving to the Survivorship Option that I have authorized with my signature below:			
Select and sign only one benefit payment choice. (Leave all others blank)			
Retiree's Signature	Option	Amount Paid to Retiree (Monthly, for life)	Amount Paid to Beneficiary (Monthly, for life)
	Option 2 - 100%	\$	\$
	Option 3 - 50%	\$	\$
	Option 4(A) - 100% Pop up	\$	\$
	Option 4(B) - 50% Pop-up	\$	\$
	Option 4(C) - Special*	\$	\$
* Contact NHRS if electing a customized percentage lesser or greater than options listed. Must be approved by the NHRS Board of Trustees.			
SECTION IV - SIGNATURE AND ACKNOWLEDGMENT			
I understand that the monthly benefit shown for each of the above Options has been calculated based on my date of birth and my beneficiary's date of birth.			
Further, I understand that this election is irrevocable and shall become effective as of the first day of the month following receipt of this acknowledged form by the New Hampshire Retirement System (NHRS). In the event that I do not file this acknowledged election form with NHRS, I understand that there will be no change to my current benefit.			
Retiree's Name _____ Retiree's Address _____			
Retiree's Signature _____ Date ____/____/____ Social Security # _____-____-____			
State of _____ County of _____			
The foregoing instrument was acknowledged before me this _____ Date by _____ Retiree's Name			
_____ Signature of Person Taking Acknowledgment	_____ Title (Notary Public or Justice of the Peace)	_____ Expiration Date	_____ Affix Seal

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.