



## POST-RETIREMENT TERMINATION OF SURVIVORSHIP OPTION

Retirees who elected Survivorship Option 2, 3, or 4 at retirement and divorced after retirement may terminate the Survivorship Option and beneficiary nomination elected, *provided that the former spouse has remarried.*

**Note:** A copy of the divorce decree and a copy of the former spouse's current marriage certificate, certifying remarriage, must be submitted with this form.

SECTION I – RETIREE INFORMATION		
Retiree's Name	Retiree's Address	Retiree's Social Security #

SECTION II – RETIREE'S FORMER SPOUSE INFORMATION	
Name of Former Spouse	Social Security # of Former Spouse

SECTION III – DESIGNATION OF BENEFICIARY(IES)					
I designate the following person(s), estate, or trust to receive any lump sum refund of undistributed, accumulated contributions which may be due upon my death after retirement. To designate additional beneficiaries, <b>initial here</b> _____ and attach signed supplemental information to this form. The sum of the distribution percentages must equal 100%.					
Beneficiary Name	Distribution Percentage	Beneficiary Address	Beneficiary Social Security #	Beneficiary Date of Birth	Relationship to Member
1.	%				
2.	%				
3.	%				

SECTION IV – RETIREE'S SIGNATURE AND ACKNOWLEDGMENT			
I understand that the pension I am receiving at this time shall be converted to the retirement pension that would have been payable had I not elected the Survivorship Option at the time of retirement, and that any supplemental or cost-of-living allowances already granted shall remain in effect and shall not be adjusted. I understand that the termination of a Survivorship Option may occur only if it is not in conflict with any Qualified Domestic Relations Order (QDRO). I understand that the change in the retirement pension will be effective the first day of the month following receipt of this acknowledged form by the NHRS.			
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

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