



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, initial here _____ 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

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.