

EMPLOYER INFORMATION

Employer Name

Employer City/Town

Org #

EMPLOYEE INFORMATION

Last Name

First Name

M.I.

SSN

Date of Birth

Home Address – Line 1

Home Address – Line 2

City

State

ZIP

Home Telephone

Marital Status (Single/Married)

If Married:

Spouse's Name

Spouse's Date of Birth

ESTIMATE BASES

Estimated Retirement Date: _____

Payout Option(s):

_____ Participant's Lifetime

_____ 10 Year Certain & Life

_____ 50 % Joint & Survivor

_____ 100% Joint & Survivor
(Available to married participants only)

ADDITIONAL INFORMATION (If Any)

SUBMISSION

Employee's Signature

Date

FOR OHR CONTROL USE ONLY

Date Received

Calculation Requested By / Date

Package Completed/Released By / Date