ELECTION OF SURVIVOR A

☒ **Option A** ☐ **Option B**

TO THE BOARD OF TRUSTEES:
I hereby request the survivorship option (check below) as provided for under Section 13, paragraph 13.2 of the Retirement Plan for Chicago Transit Authority Employees.

PARTICIPANT AND SPOUSE INFORMATION

Participant's First Name | Participant's Middle Name | Participant's Last Name

Street Address | Apt. Number | City | State | Zip Code

Home Phone Number | Mobile Phone Number | Email

Badge Number | Social Security Number | Date of Birth | Scheduled Date of Retirement

Spouse's First Name | Spouse's Middle Name | Spouse's Last Name | If applicable, Maiden Name

Date of Birth | Social Security Number

I Elect the Following Alternative Basis of Payment under **Option A**

Option 1
ALL

Under this Alternative, Retiree will receive an actuarially reduced monthly benefit for life, and upon death of the retiree, the spouse if living will receive a monthly benefit for the rest of HIS or HER life in the same amount as the Retiree had received prior to the death of the Retiree.

Option 2
Two-Thirds

Under this Alternative, Retiree will receive an actuarially reduced monthly pension for life, and upon death of the Retiree, the spouse if living will receive a monthly benefit for the rest of HIS or HER life equal to two-thirds (2/3) of the monthly amount the Retiree had received prior to the death of the Retiree.

Option 3
One-Half

Under this Alternative, the Retiree will receive an actuarially reduced monthly pension for life, and upon death of the Retiree, the spouse if living will receive a monthly benefit for the rest of HIS or HER life equal to one-half (1/2) of the monthly amount the Retiree had received prior to the death of the Retiree.

SIGNATURE

I understand that under this optional form of payment, an actuarially equivalent REDUCED amount of payment will be payable while both my spouse and I are living. If my spouse is living at my death, the proportion of such reduced amount indicated by the alternative I have selected (all, two-thirds, or one-half) will continue to be paid for the remaining lifetime of my spouse. If my spouse shall die before me, the amount payable for my remaining lifetime thereafter shall be which would have been payable if no option had been elected.
I further understand that I may revoke this election at any time prior to my retirement and that this election will automatically be revoked if either I or my spouse die prior to my retirement. An optional form of benefit which I have elected, and which election is still in force at my retirement will be irrevocable.

Participant's Signature | Date

NOTARIZATION (Notarization REQUIRED)

State of _____

County of _____

Signed (or subscribed or attested) to before me on (date) _____ By _____

(seal)

Signature of Notary Public