MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202-6700

LEGISLATIVE PENSION PLAN
APPLICATION FOR RETIREMENT

FOR RETIREMENT USE ONLY

FORM 15 (REV. 8/15)

APPLICANT'S SOCIAL SECURITY NUMBER ___ - __ - ____ GENDER ___ DATE OF BIRTH __ - __ - ____
Month Day Year

APPLICANT'S NAME
First Initial Last

HOME ADDRESS
Number and Street

City State ZIP Code -

Home email address: _____ Retirement date: __ - 0 1 - ____
Month Day Year

Instructions:
For members married at retirement: You must designate your spouse as your sole beneficiary. Retirement and survivor benefits are payable as described under Basic Allowance or Optional Allowance, below.
For members not married at retirement: You may designate one or multiple beneficiaries. If you designate one beneficiary, retirement and survivor benefits are payable as described under Basic Allowance or Optional Allowance, below. If you select the Optional Allowance, your beneficiary cannot be more than 10 years younger than you unless the beneficiary is your disabled child. If you designate multiple beneficiaries, your beneficiaries are not eligible to receive a monthly allowance. Instead, upon your death, your beneficiaries receive a lump sum payment, divided in equal shares, of the actuarial equivalent present value of the Basic Allowance as it was computed at the time of your retirement. To designate multiple beneficiaries, complete the *Legislative Pension Plan Designation of Beneficiary* (Form 55).
For all members: If you marry or remarry after retirement, any designation of a beneficiary other than your spouse is void, and your spouse is automatically entitled to the survivor monthly allowance due under the Basic Allowance.

► ► ► Please select one of the following payment options ◄ ◄ ◄

☐ **Basic Allowance (50% Survivor Option):** Provides the maximum lifetime monthly benefit to you and, upon your death, continues to pay one-half of that monthly benefit to your spouse or designated beneficiary for the remainder of his or her life.

☐ **Optional Allowance (100% Survivor Option):** Provides a reduced lifetime monthly benefit to you and, upon your death, continues to pay the same monthly benefit to your spouse or designated beneficiary for the remainder of his or her life.

NAME OF SPOUSE OR DESIGNATED BENEFICIARY
First Initial Last

SOCIAL SECURITY NUMBER ___ — __ — ____ GENDER ___ DATE OF BIRTH __ — __ — ____
M or F Month Day Year

ADDRESS
Number and Street

City State ZIP Code -

I hereby authorize the Maryland State Retirement and Pension System Board of Trustees to make payment according to the retirement allowance selected above. I understand that this is a one-time, irrevocable election.

Signature _____ Date _____

This form must be signed and notarized in order to be valid.

State of _____ County of _____ (or City of Baltimore)
On this _____ day of _____, 20 _____, before me, the undersigned officer, personally appeared _____, known to me
NAME OF PERSON WHOSE SIGNATURE IS BEING ACKNOWLEDGED *

Official Seal must be affixed

(or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that (he/she) executed the same for the purposes therein contained. In witness whereof I hereunto set my hand and official seal.
Signature of Notary Public _____
Printed Name of Notary Public _____ My Commission Expires _____
* IMPORTANT: If the name of the individual whose signature is being acknowledged is not filled in, this form will be INVALID and have no legal effect.