MARYLAND STATE RETIREMENT AGENCY 120 EAST BALTIMORE STREET BALTIMORE, MARYLAND 21202-6700 410-625-5555 or toll-free 1-800-492-5909



REQUEST FOR CALCULATION OF JOINT SURVIVORSHIP BY A RETIREE CONSIDERING CHANGING A BENEFICIARY

RETIREMENT

USE ONLY

FORM 66A (Rev. 8/19)

IMPORTANT: Please print in ink or	r type.		
SOCIAL SECURITY NUMBER:		DATE OF RETIREME Month Day	NT
First HOME ADDRESS	Initial Last		
Number and Street City		State Z	Daytime Phone Number -
	What option did you	select at retirement?	
☐ Option 2 (100% Survivorship)	☐ Option 3 (50% Survivorship)	☐ Option 5 (100% Survivorship with pop-up feature)	☐ Option 6 (50% Survivorship with pop-up feature)
NEW PROPOSED BENEFICIARY: more than 10 years younger than y child, please return a completed Ve	ou unless the beneficiary i	s your spouse or disabled ch	ild. If you are naming a disabled
NAME OF NEW PROPOSED BENEFICIAL First SOCIAL SECURITY NUMBER	Initial Last DATE OF BIRTH	ear	Relationship to me
<u>CURRENT</u> BENEFICIARY			
NAME OF CURRENT BENEFICIARY First DATE OF BIRTH Month Day Year	beneficiary living?	res No; If deceased, you <u>must</u> attach an original/official	DATE OF DEATH
I hereby certify that the above state	ements are true to the be	, ,	Month Day Year
Complete signature:			Date:
		RTANT <	
-		not change the benefi nge will only become e	_

Mail completed form to:

the first day of the month following the Maryland State Retirement Agency's receipt of a properly completed Form 67.

FOR STATE RETIREMENT AGENCY USE ONLY

NAMI	E	SYSTEM	SOCIAL SECURITY NO			
Member			NEW BENEFICIARY			
YEAR MONTH DAY	GENDER	YEAR MONTH DAY				
		DATE OF ELECTION DATE OF BIRTH				
		AGE				
		1				
		J				
		ry are alive, use <u>MAXIMUM</u> column.				
previo	us beneficiary is decease () OPTION-2	sed, use <u>OPTION</u> column. () OPTION-3				
	() OPTION-2	() OPTION-3				
		MONTHLY AMOUNTS	MONTHLY AMOUNTS			
		MAXIMUM OPTION - RE-C	CALCULATION			
PE	ENSION RESERVE					
ΑI	ODITIONAL PENSION	N				
	NNUITY RESERVE					
1A						
	EW OPTION FACTOR	R				
<u>NI</u>	<u>EW</u> OPTION FACTOF PI FACTOR					
<u>NI</u> CI						
<u>NI</u> CI SI	PI FACTOR					
<u>NI</u> CI SI CI	PI FACTOR UPPLEMENTAL					
NI CI SI CI FL	PI FACTOR UPPLEMENTAL PI AMOUNT					
NI CI SI CI FL	PI FACTOR UPPLEMENTAL PI AMOUNT LAGS					
NI CI SI CI FL	PI FACTOR UPPLEMENTAL PI AMOUNT LAGS					
NI CI SI CI FL	PI FACTOR UPPLEMENTAL PI AMOUNT LAGS					