

# Bismarck Firefighter's Relief Association

## Application for Retirement Benefits

Member Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street address or PO Box) (City) (State) (Zip Code)

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Official Date of Retirement: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's DOB: \_\_\_\_\_

I elect the Retirement option as indicated below and desire benefits paid in accordance with provisions of same:

I elect the **Normal retirement benefit**: A twelve-year certain and life annuity

I elect the **Life Annuity**: A retirement income of a larger monthly amount, payable to the retiree for his lifetime only. This is the highest amount payable and provides a retirement benefit to you for the remainder of your life. If you are not concerned with providing either a lump-sum benefit or providing a monthly income to another person after your death, the Maximum Option may be the most appropriate payment choice for you. The benefit payments continue for your lifetime only. Upon your death, benefits end and your survivors do not receive a pension allowance.

I elect the **Joint and Contingent Annuity**: A retirement income of a modified monthly amount payable to the retiree during the lifetime of the retiree and following the death of the retiree, a monthly amount payable to a joint pensioner for his/her lifetime. In the Amount of:

100%, Provides a lifetime monthly payment to you. If your beneficiary is living at the time of your death, your beneficiary will receive 100% of your monthly retirement allowance for life.

75%, Provides a lifetime monthly payment to you. If your beneficiary is living at the time of your death, your beneficiary will receive 75% of your monthly retirement allowance for life.

50%, Provides a lifetime monthly payment to you. If your beneficiary is living at the time of your death, your beneficiary will receive half of your monthly retirement allowance for life.

I elect a **Partial lump sum option (PLOP)**. In the amount of:

12 Month

24 Month

36 Month

Joint Pensioner Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street address or PO Box) (City) (State) (Zip Code)

Joint Pensioner DOB: \_\_\_\_\_ Joint Pensioner SSN: \_\_\_\_\_

I am the spouse of the employee. I am aware of the options that are available to protect me. I have read and understand the decision of my spouse.

Spouses Signature \_\_\_\_\_ Date: \_\_\_\_\_

**State of North Dakota**

**County of Burleigh**

**I hereby certify that the above and foregoing application and release was executed**

**by \_\_\_\_\_ on**

**this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.** Subscribed and sworn to

**before me \_\_\_\_\_,**

**My commission expires \_\_\_\_\_.**

\_\_\_\_\_.

**Notary Public**