



Georgia Firefighters' Pension Fund

2171 East View Parkway • Conyers • Georgia • 30013-5756

Phone: 770-388-5757 or 1-866-374-0788

email forms to
cindy@gfpf.org

Web Site: www.gfpf.org

9-YM]cb 'cZ Benefit Option

(Please Print)

Member No: _____ or Social Security No: _____

Last Name: _____ First: _____ Middle: _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone(H): _____ Phone(W): _____ Phone(C): _____

Please **CHOOSE** and **INITIAL** one of the options below.

_____ Initial

Regular Retirement - The retiree will receive full benefit payment (based on age and number of years of creditable service with the Pension fund) until their death. **Must provide primary beneficiary information on the Beneficiary Designation Form, this cannot be the member.**

_____ Initial

Joint and Survivor Option - The retiree will receive a reduced benefit payment based on their age, years of creditable service, and the age of their spouse. This option ensures the retiree a benefit payment until death, at which time benefit payments are made to the surviving spouse. This option is available only to individuals who are married at the time of their retirement. A retiree must choose one of four percentages (50%, 66 2/3%, 75% or 100%) that will be payable to the surviving spouse upon the retiree's death. According to the percentage chosen, the monthly benefit will be paid to the surviving spouse. **Please provide spouse's information as primary beneficiary on the Beneficiary Designation Form.**

Choose One: 50% _____ 66 2/3% _____ 75% _____ 100% _____

Note: The most common chosen Joint and Survivor Benefit Option Election is 100%. While a higher percentage results in a slightly lower benefit payment to the retiree, it provides a significantly higher payment to the surviving spouse.

_____ Initial

10 Years' Certain and Life Option - The retiree will receive a reduced benefit payment and will draw this payment until their death. Benefits under this option are guaranteed to be paid for 10 years to the retiree or his/her beneficiary as listed in sequential order on the Beneficiary Designation Form. For instance, if a retiree lives 6 years into retirement and then dies, the next surviving beneficiary named in the sequential order will receive benefits for the remaining 4 years. Should that beneficiary die, then the next named beneficiary will receive benefits for the remainder of the 10 Years. It should be noted again, however, that the member is guaranteed a benefit for as long as he or she lives. All beneficiaries must be selected by the member. By selecting this Option and completing the Beneficiary Designation Form you affirm that your benefit is to be paid to your beneficiary as listed in sequential order. If you would like to designate that your beneficiaries be paid pro-rata, you may do so by contacting our office to obtain the "Designation of Multiple Beneficiaries" form.

I hereby elect to have the retirement benefits payable to me under the Georgia Firefighters' Pension Fund paid under the option as selected above on this form.

I further elect to hereby revoke all benefit options previously selected and filed by me under the Georgia Firefighters' Pension Fund's election of benefit option document(s).

I understand that the granting of my request for this option shall be under the conditions set forth in the Georgia Firefighters' Pension Fund laws and regulations and that it may be revoked or modified in accordance with the terms of the Georgia Firefighters' Pension Fund laws and regulations. .

Signature of Applicant

Print Name of Applicant

Date