

FOR OFFICE USE	RECEIVED
Ready: _____	
Review: _____	
Approve: _____	

MTA DEFINED BENEFIT PENSION PLAN FOR MANAGEMENT EMPLOYEES APPLICATION FOR SERVICE RETIREMENT

Make no alterations to this form. Please review the options available and the instructions on the reverse side carefully. You cannot change your option election after the last day of the month in which you retire. You must: 1) elect an option by checking the appropriate box, 2) sign the form, 3) have it notarized, and 4) return it promptly.

Information about you

1. Name (First, Middle Initial, Last)	3. Date of Birth	4. Last Day Worked	5. Date of Retirement
2. Address	6. Social Security Number		8. Home Phone No.
	7. Employee Number		

To The Board of Pension Managers of the Plan:

INSTRUCTIONS: Proof of your date of birth is required before a benefit can be paid. If it is not immediately available, file this application now and submit proof as soon as possible. THIS APPLICATION MUST BE ON FILE WITH THE PLAN FOR AT LEAST 30 DAYS BUT NOT MORE THAN 90 DAYS BEFORE YOUR RETIREMENT CAN BECOME EFFECTIVE. Please print clearly or type. This application must be signed and notarized.	
Single Life Annuity <input type="checkbox"/>	I elect to receive the maximum lifetime payable to me. No payment will be made after my death. I understand that under this option I cannot elect a beneficiary.
100% Joint and Survivor <input type="checkbox"/>	I elect to receive a reduced lifetime retirement benefit base on my life expectancy and the life expectancy of my beneficiary. If I predecease my beneficiary, my beneficiary will receive the same monthly benefit for the remainder of their lifetime. If my beneficiary dies before me, all payments will stop at my death.
75% Joint and Survivor <input type="checkbox"/>	I elect to receive a reduced lifetime retirement benefit based on my life expectancy and the life expectancy of my beneficiary. If I predecease my beneficiary, continue 75% of my retirement benefit to my beneficiary for their lifetime. If my beneficiary predeceases me, stop all payments at my death. I understand that I cannot change my beneficiary after the last of the month in which I retire.
50% Joint and Survivor <input type="checkbox"/>	I elect to receive a reduced lifetime retirement benefit based on my life expectancy and the life expectancy of my beneficiary. If I predecease my beneficiary, continue 50% of my retirement benefit to my beneficiary for their lifetime. If my beneficiary predeceases me, stop all payments at my death. I understand that I cannot change my beneficiary after the last of the month in which I retire.
25% Joint and Survivor <input type="checkbox"/>	I elect to receive a reduced lifetime retirement benefit based on my life expectancy and the life expectancy of my beneficiary. If I predecease my beneficiary, continue 25% of my retirement benefit to my beneficiary for their lifetime. If my beneficiary predeceases me, stop all payments at my death. I understand that I cannot change my beneficiary after the last of the month in which I retire.
Five Year Certain <input type="checkbox"/>	I elect to receive a reduced lifetime retirement benefit. If I die within five years after my retirement date, continue paying my retirement benefit for the remainder of the five years to my beneficiary. If my beneficiary predeceases me, but I also die within five years following my retirement, continue payments for the rest of the five year period to another beneficiary I may name. If there is no surviving beneficiary, make a single sum payment to my Estate. If I die more than five years after my retirement, stop all payments at my death.
Ten Year Certain <input type="checkbox"/>	I elect to receive a reduced lifetime retirement benefit. If I die within ten years after my retirement date, continue paying my retirement benefit for the remainder of the ten years to my beneficiary. If my beneficiary predeceases me, but I also die within ten years following my retirement, continue payments for the rest of the ten year period to another beneficiary I may name. If there is no surviving beneficiary, make a single sum payment to my Estate. If I die more than ten years after my retirement, stop all payments at my death.

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If you elect the Single Life Annuity do not provide any beneficiary information.

If you wish to elect one of the other options, please read all of the information on this form and then complete the following section. Use the beneficiary's given name: Mary Smith **NOT** Mrs. John Smith. If you elect a Year Certain option and wish to name more than one beneficiary, please let us know and we will provide you with an appropriate form. Please print clearly or type.

Information about your Option Beneficiary

1. Beneficiary 's Name	3. Address	
2. Beneficiary' Social Security Number	4. Relationship of Beneficiary to You	5. Beneficiary's Date of Birth
Retiree's Signature (sign name in full)		

Electing an Option

The option you elect is important to both you and your beneficiary. Be sure you understand the nature of each option, and elect the one that best fulfills your needs. Also, be sure that you have checked the proper box for the option that you wish to elect. On this form you are selecting a method of payment. When you have completed this form and have it notarized, the original should be returned to the Metropolitan Transportation Authority Pension Unit, 347 Madison Avenue, New York, NY 10017.

Designating a Beneficiary

Only one beneficiary may be named in a Joint and Survivor Annuity. Under this option, proof of your beneficiary's date of birth must be submitted. If you elect either a Five or Ten Year Certain Option, you may designate more than one beneficiary. If you wish to do so, please notify the Metropolitan Transportation Authority Pension Unit so that we may send you the proper form for completion. If you elect a Five or Ten Year Certain Option, you may designate your Estate as beneficiary. Under these options, you may change your beneficiary at any time. For each change of beneficiary(ies), you must submit a form which can be obtained from the Pension Unit.

Acknowledgement To Be Completed by a Notary Public.

State of _____ County of _____ on this _____ day of _____, 20_____,

_____ personally appeared before me the above-named applicant to me personally known or proved

to me on the basis of satisfactory evidence to be the individual (s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies) and that his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Signature _____

Notary Public (Please sign and affix stamp)

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APPLICATION FOR SERVICE RETIREMENT**

GENERAL INSTRUCTIONS

Answer all the questions on page one of this form to the best of your knowledge.

You are required to have an **APPLICATION FOR SERVICE RETIREMENT** on file before the requested effective date of your pension.

Your signature on this form must be notarized.

You are required to attach documents certifying date of birth.

To place this application on file, visit the Pension Office.

If you have any questions concerning this form or retirement procedures, call MTA Pension Unit at 212-878-1163, LIRR Pension Office at (718) 558-8130. or send an e-mail to PENSIONOFFICE@LIRR.ORG.

If you elect a Survivorship Option, you are required to attach documents certifying your Beneficiary's date of birth and Social Security Number. You also must submit Proof of your Marriage.

When you are eligible, you must apply for your Railroad Retirement Annuity at the nearest Board Office (See your telephone directory for the office nearest you).

PENSION OFFICE LOCATIONS

LIRR Pension Office
MAILING ADDRESS

Long Island Rail Road Company
Pension Office
Jamaica Station - #1955
Jamaica, NY 11435

Located on the 5th floor of the Jamaica Central Control Building
Phone : 718-558-8130

MTA Pension Unit
Mailing Address

Metropolitan Transportation Authority
Pension Unit
347 Madison Avenue
New York, N.Y. 10017

Located on the 7th floor of 345 Madison Avenue
Phone: (212) 878-1163

As information, your Long Island Rail Road Company Pension Plan is taxable for Federal income tax purposes and may be subject to State taxes, depending on your state of residence. Please contact your tax advisor or State Tax Department for further information.

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