



Long Island Rail Road

Pension Office
Jamaica Station - #1955
Jamaica, New York 11435
718-558-8130

RETIREMENT OPTION ELECTION FORM Long Island Rail Road Company Pension Plans (for Employees Hired Prior to January 1, 1988)

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. Employee #:	4. Last Day Worked	5. Date of Retirement
2. Address: _____ _____	6. Date of Birth:	7. Social Security Number	

To The Board of Pension Managers of the Plan:

<p>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.</p> <p align="center">THIS APPLICATION MUST BE ON FILE WITH THE PLAN PRIOR TO RETIREMENT BEFORE YOUR RETIREMENT CAN BECOME EFFECTIVE.</p> <p align="center">Please print clearly or type. This application must be signed and notarized.</p>
<p>No Survivorship Option <input type="checkbox"/></p> <p>I elect to receive the maximum lifetime pension payable to me. I understand that all payments will stop at my death and that under this option I cannot elect a beneficiary.</p>
<p>Option A <input type="checkbox"/></p> <p>100% Joint and Survivor Annuity</p> <p>I elect to receive a pension equal to the reduced pension, which I may receive during life. If I predecease my beneficiary, my beneficiary will receive the same monthly benefit for the remainder of his/her lifetime. If my beneficiary dies before me, all payments will stop at my death. I understand that I cannot change my beneficiary once I am retired.</p>
<p>Option A-1 <input type="checkbox"/></p> <p>I elect to receive a pension that will result initially in a greater monthly pension payment than option A, until I reach age 65. At age 65, the payment is reduced, and the appropriate offset for Railroad Retirement benefits is also put in place. If I predecease my beneficiary, continue my retirement benefit to my beneficiary for his/her lifetime. If my beneficiary predeceases me, stop all payments at my death. I understand that I cannot change my beneficiary once I am retired.</p>
<p>Option B <input type="checkbox"/></p> <p>50% Joint and Survivor Annuity</p> <p>I elect to receive a pension equal to 50% of the reduced pension, which I may receive during life. If I predecease my beneficiary, continue 50% of my retirement benefit to my beneficiary for his/her lifetime. If my beneficiary predeceases me, stop all payments at my death. I understand that I cannot change my beneficiary once I am retired.</p>
<p>Option B-1 <input type="checkbox"/></p> <p>I elect to receive a pension that will result initially in a greater monthly pension payment than option B, until I reach age 65. At age 65, the payment is reduced, and the appropriate offset for Railroad Retirement benefits is also put in place. If I predecease my beneficiary, continue 50% of my retirement benefit to my beneficiary for his/her lifetime. If my beneficiary predeceases me, stop all payments at my death. I understand that I cannot change my beneficiary once I am retired.</p>

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If you elect the No Survivorship Option, do not provide any beneficiary information.

Designating a Beneficiary

Only your spouse may be named as beneficiary. Under this option, proof of your spouse's date of birth, social security number and marriage certificate must be submitted.

When you elect one of the survivorship 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. Please print clearly or type.

INFORMATION ABOUT YOUR SURVIVORSHIP OPTION

1. Spouse Name:	3. Address: _____ _____
2. Spouse Social Security Number	4. Spouse's Date of Birth

ELECTING AN OPTION:

The option you elect is important to both you and your spouse. 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 Long Island Rail Road - Pension Office, Jamaica Station - #1955, Jamaica, New York, 11435.

Retiree's Signature (sign name in full)	Date
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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)