



City of Knoxville Pension System
 917B East Fifth Avenue
 Knoxville, TN 37917-7737
 Phone: (865) 215-1444
 Fax: (865) 215-1440

ELECTION OF PRE-RETIREMENT OPTION

Member's Full Name: _____

KnoxID: _____ Pension Plan: _____

In accordance with the applicable provisions of the City of Knoxville Pension System, I hereby elect to have payable upon my death prior to retirement the following Option as *initialed* below. I understand that this election is for benefits payable upon my death before I retire. I will complete a separate application form for retirement benefits when I am ready to retire. **Choose only one Primary Option.**

PRIMARY OPTION A: Joint and Survivor Option – Payable to spouse only.

_____ Upon member's death spouse receives 100% of member's pension for lifetime.

FIRST NAME	M.I.	LAST NAME	SPOUSE	DATE OF BIRTH
ADDRESS (Number and Street)			(City)	(State) (Zip Code)

CONTINGENT TO OPTION A: (should beneficiary be deceased at time of member's death):

OPTION B: Period Certain Annuity Option – Payable to one or more beneficiaries

_____ 60 month benefit – Upon member's death, the same monthly benefit is payable to beneficiary for a period of 5 years. If no beneficiary is living at the time of death, the value of the remaining guaranteed payments, discounted with interest, will be paid in a lump sum to the estate of the beneficiary.

_____ 120 month benefit – Upon member's death, the same monthly benefit is payable to beneficiary for a period of 10 years. If no beneficiary is living at the time of death, the value of the remaining guaranteed payments, discounted with interest, will be paid in a lump sum to the estate of the beneficiary.

_____ 180 month benefit – Upon member's death, the same monthly benefit is payable to beneficiary for a period of 15 years. If no beneficiary is living at the time of death, the value of the remaining guaranteed payments, discounted with interest, will be paid in a lump sum to the estate of the beneficiary.

OPTION C: Cash Refund Option – Payable to one or more beneficiaries

_____ Upon member’s death, the designated beneficiary is entitled to a **one-time** payment of the actuarial value of the member’s benefit.

CONTINGENT beneficiary(ies) for Options B or C:

FIRST NAME	M.I.	LAST NAME	%	RELATIONSHIP	DATE OF BIRTH
ADDRESS (Number and Street)		(City)	(State)	(Zip Code)	
FIRST NAME	M.I.	LAST NAME	%	RELATIONSHIP	DATE OF BIRTH
ADDRESS (Number and Street)		(City)	(State)	(Zip Code)	
FIRST NAME	M.I.	LAST NAME	%	RELATIONSHIP	DATE OF BIRTH
ADDRESS (Number and Street)		(City)	(State)	(Zip Code)	

OPTIONS FOR EMPLOYEES WITH NON-SPOUSE AS BENEFICIARY

PRIMARY OPTION B: Period Certain Annuity Option – Payable to one or more beneficiaries.

_____ 60 month benefit – Upon member’s death, the same monthly benefit is payable to beneficiary for a period of 5 years. If no beneficiary is living at the time of death, the value of the remaining guaranteed payments, discounted with interest, will be paid in a lump sum to the estate of the beneficiary.

_____ 120 month benefit – Upon member’s death, the same monthly benefit is payable to beneficiary for a period of 10 years. If no beneficiary is living at the time of death, the value of the remaining guaranteed payments, discounted with interest, will be paid in a lump sum to the estate of the beneficiary.

_____ 180 month benefit – Upon member’s death, the same monthly benefit is payable to beneficiary for a period of 15 years. If no beneficiary is living at the time of death, the value of the remaining guaranteed payments, discounted with interest, will be paid in a lump sum to the estate of the beneficiary.

PRIMARY OPTION C: Cash Refund Option – Payable to one or more beneficiaries

_____ Upon member’s death, the designated beneficiary is entitled to a **one-time** payment of the actuarial value of the member’s benefit.

PRIMARY beneficiary(ies) for Options B or C:

FIRST NAME	M.I.	LAST NAME	%	RELATIONSHIP	DATE OF BIRTH
ADDRESS (Number and Street)			(City)	(State)	(Zip Code)
FIRST NAME	M.I.	LAST NAME	%	RELATIONSHIP	DATE OF BIRTH
ADDRESS (Number and Street)			(City)	(State)	(Zip Code)
FIRST NAME	M.I.	LAST NAME	%	RELATIONSHIP	DATE OF BIRTH
ADDRESS (Number and Street)			(City)	(State)	(Zip Code)

Benefits will be paid on a pro rata basis unless a different percentage is designated above.

ELECTION OF PRE-RETIREMENT OPTION

CONTINGENT beneficiary(ies) for Options B or C (Payable if all primary beneficiaries are deceased prior to death of member):

FIRST NAME	M.I.	LAST NAME	%	RELATIONSHIP	DATE OF BIRTH
ADDRESS (Number and Street)			(City)	(State)	(Zip Code)
FIRST NAME	M.I.	LAST NAME	%	RELATIONSHIP	DATE OF BIRTH
ADDRESS (Number and Street)			(City)	(State)	(Zip Code)
FIRST NAME	M.I.	LAST NAME	%	RELATIONSHIP	DATE OF BIRTH
ADDRESS (Number and Street)			(City)	(State)	(Zip Code)

Benefits will be paid on a pro rata basis unless a different percentage is designated above.

I understand that any death benefit will be paid in accordance with the terms of the Option elected as such Option is provided for in the City of Knoxville Pension System and that I may revoke this election and make a new election at any time prior to retirement. I understand that if I do not revoke any Option previously elected by me, that Option shall remain in full force and effect if I die prior to the effective date of this election.

Effective Date of This Election: _____

Member Signature: _____

Date: _____

Witness Signature: _____

Date: _____