

Option C - 10 or 20 YEARS PERIOD CERTAIN

PART I - GENERAL INFORMATION AND INSTRUCTIONS - PLEASE READ CAREFULLY

Option C - 10 Year or 20 Year Period Certain. This option provides a reduced monthly benefit to you for your lifetime with payments guaranteed from your retirement date for 10 or 20 years (whichever you choose) to your contingent annuitant. If you should die within 10 years (120 payments) or 20 years (240 payments) from your date of retirement, the remaining payments will be made to your contingent annuitant(s). Because this is a period certain option, if your annuitant dies before you, you may choose a new designated annuitant if you provide MERS with a certified copy of the death certificate. If you die before your annuitant and your annuitant dies before the expiration of the selected period, the commuted value of the remaining guaranteed payments shall be paid in one lump sum to the annuitant's estate. **Your benefit payment option cannot be changed after retirement for any reason.** If you have been married for at least one year prior to the commencement of your retirement benefits, a Spouse Waiver of Survivor Benefits (Form CO-1205) is required if you do not provide a lifetime guarantee (50% or 100% option) for that spouse.

Social Security Reduction If your employer is covered by Social Security, your retirement benefit is reduced when you are eligible for social security (age 62) or earlier if you receive a Social Security disability benefit.

Print or type this form and give to your agency. Have your employer make and keep one copy and forward the original with your retirement application to: MERS Unit, Retirement Services Division, 55 Elm Street, Hartford, CT 06106. If you have been married for over a year, an executed Spouse Waiver of Survivor Benefits (CO-1205) must accompany this election form. Keep one copy of all documents for your records.

PART II - ELECTION OF OPTION C - DESIGNATION OF CONTINGENT ANNUITANT AND PERIOD CERTAIN

MEMBER'S NAME (Last)	First Name	M.I.	RET. DATE	SOCIAL SECURITY NO.
MEMBER'S ADDRESS (Street No., Name, City, State, Zip Code)			MEMBER NUMBER	RELATIONSHIP TO ANNUITANT
ANNUITANT'S NAME (Last)	First Name	M.I.	ANNUITANT'S DATE OF BIRTH	ANNUITANT'S SOC. SEC. NUMBER
ANNUITANT'S ADDRESS (Street No., Name, City, State, Zip Code)				

PART III - DESIGNATION OF PERIOD CERTAIN GUARANTEED

Check one only : 10 Year Certain (120 payments) 20 Year Certain (240 payments)

PART IV - DESIGNATION OF BENEFICIARY TO RECEIVE REFUND IF APPLICABLE

Beneficiary designated to receive remaining contributions and interest (if any) after the deaths of member and annuitant.

NAME (Last)	First Name	M.I.	SOCIAL SECURITY NUMBER
ADDRESS (Street No., Name, City, State, Zip Code)			RELATIONSHIP

PART V - AGREEMENT AND ACKNOWLEDGEMENT

I understand that my signature on this form means that I will retire with Option C in force and effect unless I make a contrary option election prior to retirement. I acknowledge that prior to signing this election, I had opportunity to ask questions and obtain additional information from MERS staff with regard to the effect of such an election on my monthly payment. I understand that I must inform MERS if I receive a social security disability award prior to the age of 62. **I further understand that no change in this income payment election can be made after my retirement for any reason, that is, I can never change this payment election and choose another payment option.**

SIGNATURE OF APPLICANT	DATE	TELEPHONE NUMBER
SIGNATURE OF WITNESS	DATE	TELEPHONE NUMBER

PRINTED NAME AND ADDRESS (STREET, CITY, STATE, ZIP CODE) OF WITNESS