Any married County employee may elect survivorship.

With the survivorship election in effect, the surviving spouse shall be eligible to receive a pension benefit.

The survivorship election shall be final on attainment of **age fifty or on later election** prior to retirement and no further election shall be permitted. **There is a cost associated with this election**.

The election shall automatically be cancelled by divorce or death of the spouse.

Address Marital Status Married Single Divorced Widowed Divorced Widowed I ELECT the survivorship option. I walve the survivorship option. I meet the conditions which allow me to REVOKE my previous survivorship election. (Under age 50 only) Spousal Notification I hereby certify that I am the spouse of the above-named participant, I have read the Survivorship Form as completed and signed by my spouse, and I hereby freely consent to the survivorship designations made herein. Commonwealth of Pennsylvania County of Allegheny On this, the day of, 20, before me	Participant Name	Signature		Date	
(You Must Check One) I am NOT ELIGIBLE for survivorship option.(Single/Divorced/ Widowed) I am NOT ELIGIBLE for survivorship option.(Single/Divorced/ Widowed) I meet the conditions which allow me to REVOKE my previous survivorship election. (Under age 50 only) Spousal Notification hereby certify that I am the spouse of the above-named participant, I have read the Survivorship Form as completed and signed by my spouse, and I hereby freely consent to the survivorship designations made herein. Signature Date Date Date Date Commonwealth of Pennsylvania County of Allegheny On this, the day of, 20, before me (retiree/active/deferred vested member) and (spouse), known to me (or satisfactorily proven) to be the person whose name subscribed to the within instrument, and acknowledged that he or she executed the same for the purposes therein contained.	Address	mantai otatao ——	0 Eust-	1 SSN	
hereby certify that I am the spouse of the above-named participant, I have read the Survivorship Form as completed and signed by my spouse, and I hereby freely consent to he survivorship designations made herein. Commonwealth of Pennsylvania County of Allegheny On this, the day of, 20, before me (notary), the undersign officer, personally appeared (retiree/active/deferred vested member) and (spouse), known to me (or satisfactorily proven) to be the person whose name subscribed to the within instrument, and acknowledged that he or she executed the same for the purposes therein contained.	(You Must Check One) I am NOT ELIGIBLE for survivorship option.(Sin	or In	neet the conditions which allow	w me to	
Signature Signature Signature Signature Signature Signature Signature Phone # Signature Signature Signature Signature Date	Spousal Notification	Name	Date of Birth		
Date Signature Signature Date Date Date Date Commonwealth of Pennsylvania County of Allegheny On this, the day of, 20, before me(notary), the undersign officer, personally appeared(retiree/active/deferred vested member) and(spouse), known to me (or satisfactorily proven) to be the person whose name subscribed to the within instrument, and acknowledged that he or she executed the same for the purposes therein contained.	above-named participant, I have read the	SS#	Phone #	Phone #	
On this, the day of, 20, before me(notary), the undersign fficer, personally appeared(spouse), known to me (or satisfactorily proven) to be the person whose name ubscribed to the within instrument, and acknowledged that he or she executed the same for the purposes therein ontained.	y my spouse, and I hereby freely consent to	Signature			
fficer, personally appeared(retiree/active/deferred vested member) and(spouse), known to me (or satisfactorily proven) to be the person whose name ubscribed to the within instrument, and acknowledged that he or she executed the same for the purposes therein ontained.	•				
fficer, personally appeared(retiree/active/deferred vested member) and(spouse), known to me (or satisfactorily proven) to be the person whose name ubscribed to the within instrument, and acknowledged that he or she executed the same for the purposes therein ontained.	On this, the day of, 20,	before me			
ubscribed to the within instrument, and acknowledged that he or she executed the same for the purposes therein ontained.	fficer, personally appeared	(retire			
n witness whereof, I hereunto set my hand and official seal.	subscribed to the within instrument, and acknow	·			
	n witness whereof, I hereunto set my hand and	l official seal.			
Notary Public	Notary Public				

This election form and a copy of a valid marriage license and spouse's birth certificate are necessary to elect the benefit.

Complete and return to: