UNIVERSITY OF MAINE SYSTEM RETIREMENT PLAN FOR CLASSIFIED STAFF
Application for Benefits

TO: Retirement Committee
University of Maine System
16 Central Street
Bangor, Maine 04401-5106

FROM: Employee's Name _____

DATE: _____

I hereby apply for retirement benefits from the University of Maine System Retirement Plan for Classified Staff commencing _____ and elect to receive those benefits in accordance with the following option (check one):

☐ Life Annuity
☐ _____% Joint and Survivor Option (enter 50%, 66 2/3%, or 100%)
☐ Ten-Year Certain and Continuous Option

My mailing address for benefit checks will be: _____

My legal address, if different from above, will be: _____

Social Security Number _____ - _____ - _____ Date _____

_____ _____
SIGNATURE OF WITNESS SIGNATURE OF MEMBER

CERTIFICATION AND INSTRUCTIONS TO TRUSTEE

TO: Mellon Bank, Trustee

The above member is certified for retirement and you are authorized and directed to pay the following monthly retirement benefit, first payment to be made as of _____:

☐ Life Annuity -- $_____ to member for life

☐ _____% Joint and Survivor Option -- $_____ to member for life, with $_____ payable to the beneficiary indicated on the attached form for life after the member's death.

☐ Ten-Year Certain and Continuous Option -- $_____ to member for life, with the same amount payable to the member's beneficiary until _____ if the member dies before that date.

☐ DISTRIBUTION CODE '**2**' - Use this code for retirees who have not reached age 59 1/2.
☐ DISTRIBUTION CODE '**7**' - Use this code for retirees at least 59 1/2 or older.

_____ _____
FOR THE RETIREMENT COMMITTEE **Date**

Calculation verified by

_____ _____
FOR THE WYATT COMPANY **Date**