

**MEBA PENSION TRUST
1007 EASTERN AVENUE
BALTIMORE, MD 21202-4345**

Member Name			
	Last Name	First Name	Initial
Date of Birth	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	Month	Day	Year
Social Security Number	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Home Telephone Number	(Area Code: <input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Cellular Phone Number	(Area Code: <input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Permanent Address (Home of Record):	Number & Street		
	City, State, Zip		
Marital Status (Check One)	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated		
Spouse's Name			
	Last Name	First Name	Initial
Spouse's Social Security Number	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Is a former spouse or dependent entitled to receive a portion of your pension benefits pursuant to a state domestic relations order, consent, and judgment of decree? YES NO

DATE YOU WANT PENSION BENEFITS TO COMMENCE: _____

Your effective date of pension will be the later of:

1. The first of the month following the month in which this application is filed, or.
2. The first of the month following the month in which you cease all Covered Employment and have completed your last vacation period.

Are you applying for a Disability Pension? YES NO

Be advised that Disability Pensions are subject to an annual earned income limitation of \$36,000.

If yes, attach your Social Security Administration Award of Disability Pension to this Application.

I hereby certify that all the information contained in this Application is true and correct to the best of my knowledge and belief and that all documents included with this Application are bonafide originals or true copies of the originals. I understand that a false statement could disqualify me from Pension Benefits.

Applicant's Signature

Date

REJECTION OF SURVIVOR OPTION ELECTION FORM

SECTION I

- [] I am single. I understand that I will receive my full pension benefit in the form of a single life annuity.
- [] I am married and wish to REJECT ALL SURVIVOR OPTIONS and receive my full pension benefit in the form of a straight life annuity when I retire. (Requires spousal consent – Section II.)
- [] I am married and wish to REJECT ALL SURVIVOR OPTIONS and receive my full pension benefit in the form of a Lump Sum Distribution when I retire. (Requires spousal consent – Section II.)
- [] I wish to provide pension benefits to my spouse under the 50 Percent Regular Option. (Spousal Consent not required.)

Applicant's Signature

Date

SECTION II

TO BE COMPLETED BY PARTICIPANT'S SPOUSE

I, the spouse of _____, a participant under the Plan, understand that if my spouse retires under the Plan, he or she will be entitled to receive benefits in the form of a qualified joint and survivor annuity, which is the 50 Percent Regular Option under the Plan, and under which benefits will be payable for his or her life and thereafter 50% of those benefits will be payable for my life, if I survive him or her. I understand that my spouse has elected to waive the qualified joint and survivor annuity and I hereby consent to such election. As a result, I acknowledge that the effect of such election, in the event of my spouse's death after his or her retirement, is that I will not be eligible to receive any pension benefits under the Plan.

Spouse's Signature

Date

STATE OF }
 }
COUNTY OF }

On the _____ day of _____, 20____ before me personally came _____
to me known to be the spouse of _____, and such spouse acknowledged to me
that he/she executed the foregoing document.