

ELECTION OF NORMAL FORM OF PAYMENT (NO SURVIVORSHIP OPTION)

(If you elect a Normal Form of Payment, this form should accompany your Application for Retirement.)

TO THE BOARD OF TRUSTEES:

I hereby request the normal form of payment as provided for under Section 13, paragraph 13.2 of the Retirement Plan for Chicago Transit Authority Employees.

Name of Employee: _____

Scheduled Retirement Date _____ Social Security Number: _____

Date of Birth _____ Badge/Payroll Number _____

I understand that an employee who is married at his retirement, and who shall have failed to elect otherwise before such date, will receive a reduced amount of monthly retirement allowance payable for the lifetime of the employee and one-half (1/2) such reduced amount will be paid for the remaining lifetime, if any, of the spouse following the employee's death.

Regardless of my marital status, I hereby elect that the FULL AMOUNT of my retirement allowance be paid to me in the NORMAL FORM. I understand that, under the normal form, my retirement allowance will be paid only for my lifetime and that no monthly payments will be continued to any person after my death.

I further understand that I may revoke this election at any time prior to my retirement, but not thereafter.

NOTARIZATION (Notarization needed only if application is submitted by mail.)

State of Illinois

County of _____

Signed (or subscribed or attested) before me on _____

(date) by _____

(name of person).

(seal)

Signature of notary public

Employee's Signature

Date Signed