



◆ **ACKNOWLEDGEMENT OF CURRENT ANNUITY STATUS** ◆

SS#

RETIRED MEMBER INFORMATION					
NAME:	FIRST	MIDDLE	LAST	REGIONAL COUNSELING CENTER	REGION #

NOTE:

This form should only be used when the retiree is NOT ready to make a permanent option change election by completing the SERS-329, Application for Option Change OR the SERS-303, Disability Application for Option Change form. By completing this form the retiree is acknowledging they have been counseled, but they are choosing to take no action at this time. When submitting this form, the member SHOULD NOT submit the SERS-329, Application for Option Change OR the SERS-303, Disability Application for Option Change form.

I HAVE REVIEWED THE CHANGE OF OPTION SELECTIONS NOW AVAILABLE TO ME, DUE TO THE DEATH OF MY CURRENT DESIGNATED SURVIVOR. **AT THIS TIME**, I DESIRE TO CONTINUE RECEIVING THE SAME MONTHLY ANNUITY AMOUNT THAT I HAVE BEEN RECEIVING. I UNDERSTAND THAT WHEN MY DESIGNATED SURVIVOR PASSED AWAY, MY PREVIOUS OPTION SELECTION BECAME VOID AND BY LAW THE ANNUITY AMOUNT I AM NOW RECEIVING IS THE MAXIMUM RETIREMENT BENEFIT THAT I AM ENTITLED TO RECEIVE.

I ALSO UNDERSTAND THAT I MAY STILL SELECT A NEW RETIREMENT OPTION IN THE FUTURE BY CONTACTING THE STATE EMPLOYEES' RETIREMENT SYSTEM AND BY COMPLETING THE REQUIRED APPLICATION AND ASSOCIATED FORMS.

I UNDERSTAND THAT UNTIL I SELECT A NEW RETIREMENT OPTION ON THE SERS-329 APPLICATION FOR OPTION CHANGE OR THE SERS-303 DISABILITY APPLICATION FOR OPTION CHANGE, THERE IS NO DEATH BENEFIT PAYABLE FROM MY ACCOUNT. A ONE-TIME PAYMENT FOR THE NUMBER OF DAYS DUE ME FOR THE MONTH IN, WHICH I DIE, WILL BE PAID TO MY ESTATE.

Signature _____ Date _____