

Luzerne County Employees' Retirement System

Form 2: Information Change Request

Member Name	Member SS#	Date of Birth
Address	Date of Hire	Annual Salary / Rate
City, State, Zip	Home Phone	Business Phone
New Department Name and No.	New Department Phone #	New Position

Please Check all that Apply: (Please take this opportunity to update your beneficiary(ies))

- Name Change
 Address Change
 Department Transfer
 Beneficiary Change, add or delete
 Other _____

The County is providing benefits on the 1/70th Class basis and your membership will be in that Class. The County Pension Law, Act 96 of 1971 as amended, requires you to contribute **5%** of your salary, which will be credited to your individual member account. The retirement board has designated that the required member contribution is considered "pickup contributions" in accordance with IRC Section 414(h)(2) and is not subject to Federal income taxes in the year the contributions are made. Rather, taxation will be deferred until such a time as these contributions are distributed upon termination or retirement from county service. You also have the privilege of contributing up to an additional **10%** of your salary on a voluntary basis. The voluntary contributions, however, may only be contributed on an "after-tax" basis.

- I request that my Voluntary **after-tax** contributions (0%-10%) be _____% of my gross pay. This voluntary contribution is authorized by my signature on page 2 of this form. (e.g. 8% after-tax will result in a total of 13%)

MARRIED PARTICIPANT

I understand that I must elect my spouse as sole Primary Beneficiary under this plan unless he/she consents in writing to my naming another Primary Beneficiary. **Spousal Consent Section on Page 2 must be completed if your spouse is not your 100% Primary Beneficiary.**

UNMARRIED PARTICIPANT

I understand any beneficiary designation becomes null and void in the event of my marriage. I will promptly inform my Plan Administrator of any change in my marital status.

BENEFICIARY DESIGNATION

If I am married and did not name my spouse as 100% Primary Beneficiary, I have completed Page 2 (Spousal Consent Form). I understand that if I outlive my Primary Beneficiary, benefits will be paid to my estate on my death unless I designate a Contingent Beneficiary(ies). (If additional space is required, or to name multiple primary beneficiaries, please attach a separate page providing all designation information and the percentage share for each.)

- Extra Sheet Attached (Check here)

Primary

Name: _____ Relationship: _____ Share: _____ %
 Address: _____ Date of Birth: _____
 _____ Social Security#: _____

Contingent

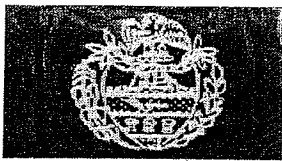
Name: _____ Relationship: _____ Share: _____ %
 Address: _____ Date of Birth: _____
 _____ Social Security#: _____

Contingent

Name: _____ Relationship: _____ Share: _____ %
 Address: _____ Date of Birth: _____
 _____ Social Security#: _____

Member must sign on Page 2 of this form

Completed forms should be sent to: EBDS, Outsource Administration - LC
 One Gateway Center, 12th Floor, 420 Fort Duquesne Blvd., Pittsburgh, PA 15222



Luzerne County Employees' Retirement System

Form 2: Information Change Request (continued)

Member Name (From Page 1)

Member SS#

SPOUSAL CONSENT

I understand that my spouse has chosen not to name me as his/her sole primary beneficiary. I also understand that if I do not sign this Spousal Consent, I will be treated as my spouse's sole primary beneficiary under the Plan.

By signing this Spousal Consent, I hereby consent to my spouse's designation of the person(s) named on the beneficiary form as my spouse's primary and contingent beneficiaries. I acknowledge that by consenting I am forgoing all rights to any survivor benefit under the Plan (except to the extent I am listed as one of the beneficiaries on Page 1).

By signing this Spousal Consent, I certify that, as of the date set forth below, I am legally married to the Participant whose name appears on this form.

Member's Spouse
Name (print): _____

Social Security#: _____

Address: _____

Phone: _____

City, State, Zip: _____

Signature of
Member's Spouse: _____

Date signed: _____

THIS SPOUSAL CONSENT SIGNATURE MUST BE WITNESSED

WITNESSED BY:

Witness Name (print): _____

Relationship: _____

Signature of Witness: _____

Date Signed: _____

MEMBER ACCEPTANCE:

Signature of Member: _____

Date Signed: _____

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