

**REQUEST FOR COMMENCEMENT OF RETIREMENT BENEFIT**  
**ASSOCIATE REFORMED PRESBYTERIAN RETIREMENT PLAN FUND**

1. Name \_\_\_\_\_ 2. Social Security Number \_\_\_\_\_  
 3. Date of Birth \_\_\_\_\_ 4. Date on which retirement is to take effect \_\_\_\_\_  
 5. Name of Spouse \_\_\_\_\_ 6. Social Security Number \_\_\_\_\_  
 7. Date of Birth \_\_\_\_\_ 8. Date of Marriage \_\_\_\_\_

9. Will you be age 65 or over on the requested date of retirement?  YES  
 NO.

10. The undersigned Participant certifies that there has been no termination of employment since the last Annual Report was submitted to the Retirement Committee, except as noted below (See Article III (3)):

\_\_\_\_\_

11. The undersigned Participant's rate of Earnings and total Earnings, as the term "Earnings" is defined in Article I (7) of the Plan, for the current calendar year from January 1, and projected to the proposed retirement date are as follows:

<i>Period</i>		<u>Rate of Earnings</u>	<u>Total Earnings</u>
<u>(Inclusive Dates)</u>			
<u>From</u>	<u>To</u>		
January 1, 20 _____	_____	\$ _____ /mo.	\$ _____
_____	_____	\$ _____ /mo.	\$ _____
_____	_____	\$ _____ /mo.	\$ _____
		<b>Total</b>	<b>\$ _____</b>

(Do not include any Earnings for any period for which service is not credited under the Plan or any earnings after age 70. The extra blank lines, above, are provided in the event your Earnings rate has changed or will change during the year, between January 1st and the proposed retirement date, or in the event of a "temporary break" in service during which you did not meet the qualifications as an Employee (Article I (8)). In the event the rate of Earnings should change unexpectedly prior to retirement so as to differ with the above, the undersigned agrees to notify promptly the Retirement Committee.

12. Name and mailing address to which your retirement benefit checks are to be sent: (NOTE: Complete Form RP-7 for Direct Deposit.)

\_\_\_\_\_

I hereby affirm that the above information is true to the best of my knowledge and belief.

\_\_\_\_\_ Date \_\_\_\_\_ Signed \_\_\_\_\_

NOTE: Please keep a copy of this form in your personal files as a reminder.