

**OPTION A AFFIRMATION**

**To the Southbridge Retirement Board:**

This is to acknowledge that I fully understand the consequences of selecting Option A on my monthly retirement allowance.

Of all three options, Option A provides me with the highest possible monthly allowance; it does not, however, provide for any continuing survivor benefits. Upon my death:

- **All Option A payments will stop** and
- My beneficiary will receive only the amount of the retirement allowance that I was entitled to in the month of my death. My beneficiary will **not** receive any balance remaining in my annuity savings account.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Witness: \_\_\_\_\_

Relationship: \_\_\_\_\_

Dated: \_\_\_\_\_

**\*\*MUST be notarized if not witnessed in Retirement Board Office\*\***