

**New Hampshire Retirement System**  
54 Regional Drive, Concord, New Hampshire 03301-8507  
Phone: (603) 410-3500 ♦ Toll Free: (877) 600-0158 ♦ Fax: (603) 410-3501

**TYPE OF RETIREMENT (circle one):**

SERVICE  
ACCIDENTAL DISABILITY

VESTED DEFERRED  
ORDINARY DISABILITY

**INSTRUCTIONS:** To receive a retirement benefit estimate, fill out this form and return to the New Hampshire Retirement System. In up to sixty to ninety days, an estimate will be sent to the mailing address we have on record.

**PLEASE PRINT:**

Name: \_\_\_\_\_  
Your Phone No.: (\_\_\_\_) \_\_\_\_\_ (between 8-4PM)  
Termination Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Current Gross Salary: \$ \_\_\_\_\_ (Yearly)

Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Estimated Retirement Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Expected Severance Pay: \$ \_\_\_\_\_  
(include all leave time, longevity, etc.)

Current Employer: \_\_\_\_\_

By law, under a survivorship option a single beneficiary can be any person. Multiple beneficiaries, however, must be your children and may include your spouse. The distribution percentage is that portion of a survivorship allowance, expressed as a percent (%), which will be payable to each multiple beneficiary upon your death. The total combined percentages must equal 100%.

**If you are interested in survivorship options, please provide:**

Beneficiary's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to you: \_\_\_\_\_

**Or**

Beneficiaries' Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_\_

Circle one: son/daughter/spouse \_\_\_\_%  
son/daughter/spouse \_\_\_\_%  
son/daughter/spouse \_\_\_\_%

I understand this estimate is non-binding: \_\_\_\_\_ Date: \_\_\_\_\_