STATE OF DELAWARE
JOINT AND SURVIVOR RETIREMENT BENEFIT
REVISED JUDICIARY PENSION PLAN

Name of Participant _____Social Security # _____
Last First Middle

In accordance with Section 5613, Title 29, Delaware Code, this form should be completed by the Participant and Spouse prior to the issuance of the first benefit check. Once this election has been made, it shall be IRREVOCABLE.

_____ 1) I elect to reduce my service or disability pension by 2% to provide a monthly survivor's pension benefit equal to two-thirds of the reduced service or disability pension that I will be receiving at the time of my death.

_____ 2) I elect a monthly survivor's pension benefit equal to 50% of the service or disability pension benefit that I will be receiving at the time of my death.

_____ _____
Participant's Signature Date

_____ _____
If Married/Civil Union, Spouse's Signature Date

Sworn to and subscribed before me this

_____ day of _____20__

_____
Notary Public