EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND 50 Service Avenue, 2nd Fioor Warwick, RI 02886-1021 Office (401) 462-7600 Fax (401) 462-7691 Email: ersri@ersri.org Web Site: www.ersri.org

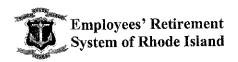
MEMBERSHIP APPLICATION

Instructions: PRINT CLEARLY or TYPE in black ink. Have your employer sign page 2, Section B, to certify that you meet eligibility requirements. Mail the completed form to the Employees' Retirement System within 5 days of receipt. Complete all items on this form and put N/A where not applicable. ALL MEMBERS must complete a Beneficiary Nomination form.

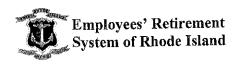
| SECTION A - MEMBER INFORMATION | | | | | | |
|--|-------------|--------------|------------|-------------------------|--|--------------------|
| SOCIAL SECURITY NUMBER | PLEA | SE ATTACI | | F YOUR SOCIAL SEC | | X ID NUMBER |
| FIRST NAME | МІ | | LAST NAM | | PERTIFICATE | |
| ADDRESS | <u> </u> | | | HOME PHONE | | |
| ADDRESS | | | | BUSINESS PHONE | | |
| ADDRESS | | | | EMAIL ADDRESS | | |
| CITY | | STATE | | ZIP | SEX | X MALE D'FEMALE |
| DATE OF BIRTH | | PLACE O | BIRTH (CI | TY & STATE, OR COU | | |
| ARE YOU CURRENTLY RECEIVING BENEFITS FRO | | | JYES ON | | | |
| FOR TEACHERS ONLY: ARE YOU PARTICIPATING complete the family information section below) | IN THE TE | EACHER'S S | SURVIVOR E | BENEFITS PLAN? | IYES □NO (If y | es, please |
| ARE YOU A POLICE OFFICER OR FIRE FIGHTER? | | | | e complete the Family I | nformation section | |
| FAMILY INFORMATION (Must be completed for Please make a copy of this page if additional spacethe BENEFICIARY NOMINATION FORM. Indicating | e for famil | v informatio | n is neodo | + NOTE Doctorotion | of a beneficiary r | nust be made on |
| CURRENT MARITAL STATUS (Check One) SINC | | J MARRIEC | | ORCED DWIDO | The state of the s | |
| SPOUSE'S NAME | | | SSN (| REQUIRED) | DATE OF BIF | RTH (mm/dd/ccyy) |
| DEPENDENT CHILDREN'S NAME | | | | | | |
| | | | | | | |
| | | | | | | |
| PARENT'S NAME | | | | | | 78.11.1 |
| | | | | | | |
| PREVIOUS MEMBERSHIP INFORMATION (To | be comp | leted by m | ember) | | | |
| EMPLOYING AUTHORITY | FRO | M (mm/dd/ | ссуу) | TO (mm/dd/ccyy) | REFUN | D TAKEN |
| | | | | | □ YES | □ NO |
| | | | | | ☐ YES | □ NO |
| HAVE YOU EVER SERVED ON ACTIVE DUTY IN TH | E ARMED F | ORCES OF | THE UNITE | ED STATES? | □YES □NO | |
| MEMBER CERTIFICATION | | | | | | J. |
| SIGNATURE OF MEMBER | | | | DATE | | |

| CURRENT EMPLOYMENT INFORMATION | | | | | |
|--|---|--|------------------|---|--------------------------------------|
| DATE EMPLOYED (mm/dd/ccyy) | | NAME OF EMPLOYER | | | |
| CURRENT POSITION | | APPROPRIATION NUMBER (For State Employees Only) | | AGENCY CODE | |
| | | | school \ | ACTUAL SALARY YEAR TEACHERS R YEAR OTHERS | SCHEDULED HOURS |
| ☐ STATE | | MONTH EMPLOYEE | | | |
| ☐ TEACHER | ☐ FULL TIME ☐ HALF TIME | | | | |
| # OF DAYS IN SCHOOL YEAR | ☐ PART TIME — If Part-Time (1/5, 2/5, 3/5, etc) indicate % LTS | | | | |
| ☐ MUNICIPAL. | | MONTH EMPLOYEE MONTH EMPLOYEE | | | |
| ☐ POLICE & FIRE | |) YEAR PLAN 5 YEAR PLAN | | | |
| EMPLOYER CERTIFICATION | Transpersion | And on the company of | | | en grande de diagram de Amerika E |
| I CERTIFY THAT THE ABOVE-NAM RETIREMENT SYSTEM OF RHODE | | | D REQUIREME | ENTS FOR MEMBERSHIP | IN THE EMPLOYEES' |
| AUTHORIZED SIGNATURE | | DATE OF SIGNATURE (mm/dd/ccyy) | | | |
| TITLE | | BUSINESS TELEPHONE NO. | | | |
| | | | BUSINESS FAX NO. | | |
| | | | EMAIL AI | DDRESS | |

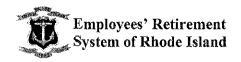
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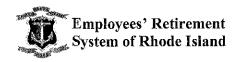
| Complete all applicable items on this form; incomplete and unsigned forms will be returned. For additional information, see instructions at the end. | | | | |
|---|---|---|--|--|
| Please print clearly in black ink. | | | | |
| Section 1 - Member information | | | | |
| First and middle names | Last name | ☐ Member ☐ Retiree | | |
| Date of birth (mm/dd/yyyy) | Social Security number (4 last digits only) | Membership status (check only one) | | |
| Section 2 – Beneficiary designation for other benefits To name an OAP beneficiary, you must be an active member with at least ten years of contributory service on or before June 30, 2012 or at least five years of contributory service on or after July 1, 2012. Person as a beneficiary | | | | |
| First name | MI Last name | | | |
| Address (street number, street name and a | apartment number) State Zip code | Telephone (area code and number) | | |
| Relationship | Social Security number | Date of birth (mm/dd/yyyy) | | |
| Primary Contingent Beneficiary type (check only one) | OAP election (if vested) | Refund Death benefit Benefit type | | |
| First name | MI Last name | | | |
| Address (street number, street name and City | apartment number) State Zip code | Telephone (area code and number) | | |
| Relationship Primary Contingent Beneficiary type (check only one) | Social Security number OAP OAP election (if vested) | Date of birth (mm/dd/yyyy) Refund Death benefit Benefit type | | |



| erson as a beneficiary (continued) | | |
|---|--|------------------------------------|
| | | |
| First name | MI Last name | |
| | | |
| Address (street number, street name and | apartment number) | 1 1 |
| | | Telephone (area code and number) |
| City | State Zip code | l elepnone (area code una number) |
| | | Date of birth (mm/dd/yyyy) |
| Relationship | Social Security number | 1 1 |
| Primary Contingent | ОАР | Refund Death benefit Benefit type |
| Beneficiary type (check only one) | OAP election (if vested) | Delicit type |
| | 1 1 1 | · |
| | MI Last name | 2 |
| First name | M1 Last name | = |
| | | |
| Address (street number, street name and | apartment number) | 1 1 |
| | State Zip code | Telephone (area code and number) |
| City | State Lip 6545 | |
| | Social Security number | Date of birth (mm/dd/yyyy) |
| Relationship | TOAP | Refund Death benefit |
| Primary Contingent | OAP election (if vested) | Benefit type |
| Beneficiary type (check only one) | OM CICCUM (I) Commission of the commission of th | |
| • | | |
| P(to a real to a | MI Last nam | ne |
| First name | | |
| Address (street number, street name an | d apartment number) | |
| - vantees lances transper, an east traine an | | |
| City | State Zip code | Telephone (area code and number |
| | | |
| Relationship | Social Security number | Date of birth (mm/dd/yyyy) |
| Primary Contingent | ☐ OAP | Refund Death benefit |
| Beneficiary type (check only one) | OAP election (if vested) | Benefit type |



| Organization as a beneficiary | | |
|---|---|--|
| Organization name | | |
| Address (street number and name) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| City | State Zip code | Telephone (area code and number) |
| Primary Contingent Re Benefit category (check only one) Benef | fund Death benefit | Organization tax ID # |
| Section 3 – Family information (to be c Police and Fire members only) | ompleted by Judges, Teachers w | vith TSB, State Police, and |
| Please make a copy of this page if additional space f designate beneficiary status. | or family information is needed. Indicat | ing family members below does not |
| Single Married Divorce Current marital status (check only one) | d Widowed | |
| Spouse's information | O COMPANIO EL ESPECIO COMPANIO ANO RAPO DE CONCENSA ALCUERONA, CARLO COMPANIO DE COMPANIO | HERICAN STOCK CONTROL OF THE CONTROL OF T |
| Name | Social Security number | Date of birth (mm/dd/yyyy) |
| Dependent children's information | | e some under the substitute of |
| Name | Social Security number | Date of birth (mm/dd/yyyy) |
| Name | Social Security number | Date of birth (mm/dd/yyyy) |
| Name | Social Security number | Date of birth (mm/dd/yyyy) |
| Name | Social Security number | Date of birth (mm/dd/yyyy) |
| Name | Social Security number | Date of birth (mm/dd/yyyy) |
| Parent's information |] | ŀ |
| Name | Social Security number | Date of birth (mm/dd/yyyy) |
| Name | Social Security number | Date of birth (mm/dd/yyyy) |



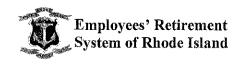
| Section 4 - Member/retiree authorization (signature must be notarized) | | | | |
|---|----------------------------|--|--|--|
| I, the undersigned, certify that I have read and that I understand the me as a member or retiree of the Employees' Retirement System of | | | | |
| | M M D D Y Y Y | | | |
| Member/retiree signature | Date of signature | | | |
| Notarization of member's/retiree's signature (required | d) | | | |
| · | | | | |
| State | County | | | |
| Subscribed and sworn to (or affirmed) before me on the | day of, 20 | | | |
| | | | | |
| | Notary public signature | | | |
| (SEAL) | | | | |
| | Notary name (print) | | | |
| M M D D Y Y Y Y | | | | |
| Date of Commission expiration Notary phone number | per (area code and number) | | | |

Please forward this completed form, dated and signed, to the following address:

Employees' Retirement System of Rhode Island

50 Service Avenue 2nd Floor Warwick, RI 02886-1021

Office: (401) 462-7600 | Fax: (401) 462-7691 Email: ersri@ersri.org | Web site: www.ersri.org



General instructions

- 1. This form is used to name a beneficiary of your retirement account(s) in the event of your death.
- 2. You may name one or multiple beneficiaries. If you name more than one beneficiary, they will evenly split your benefits at the time of payment.
- 3. For additional information on naming beneficiaries or about death benefits, please utilize ERSRI's online resources at www.ersri.org.

Purpose of Primary and Contingent designations

- 1. **Primary beneficiary**: A primary beneficiary is the person who will receive your benefits upon your death. You can name multiple primary beneficiaries, and ERSRI will split your benefit among all named primary beneficiaries.
- 2. **Contingent beneficiary**: If you have named a primary beneficiary and they predecease you, you can instruct ERSRI to pay a different person in the event of your death. A contingent beneficiary will only receive benefits if all named primary beneficiaries have died. Otherwise, your benefits will be split among the remaining primary beneficiaries.

Purpose of the Benefit type

If you are an active member, ERSRI pays two separate benefits to your beneficiaries at the time of your death. The first is a refund of your contributions, and the second is a death benefit based on your years of service.

- 1. **Refund benefits:** This refund of your contributions is paid to the beneficiary(ies) as a lump-sum (one-time) payment. To see how to have your beneficiaries paid with an annuity, see section *What is Optional Annuity Protection?* below.
- 2. **Death Benefit:** This money is paid to named beneficiaries based on your years of service, as recorded by ERSRI. Active ERSRI members are entitled to a death benefit of \$800 per year of service, up to a maximum \$16,000. This amount reduces 25% each year after you retire, down to a minimum \$4,000.

What is Optional Annuity Protection (OAP)?

Optional Annuity Protection is a way to provide your beneficiary with the option of receiving a monthly annuity benefit, rather than a one-time refund of contributions if you die while you are still working (prior to retirement).

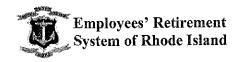
- 1. **OAP eligibility**: Active members with at least ten years of contributing service credit on or before June 30, 2012 or at least five years of contributing services on or after July 1, 2012 are eligible to elect OAP.
- 2. OAP beneficiary designation
 - a. If you have named a spouse or domestic partner (domestic partners will be asked to certify by affidavit that they meet the criteria set forth in state statute) as your beneficiary, he/she is automatically eligible to receive an annuity when you die, even if you do not check the OAP box on this form.
 - b. If you would like a different person to be eligible for an annuity, you must specify it on this form.
 - c. If your OAP beneficiary predeceases you, your benefits will revert to your estate unless you choose a contingent OAP beneficiary.
 - d. OAP is a benefit for active members. An OAP designation is void upon your retirement.
 - e. State police, judicial, general municipal, police & fire members may not elect to have multiple beneficiaries for the OAP benefit.

ATTENTION! If you are a Police/Fire member, marking the OAP election may result in lower benefits to your spouse or domestic partner.

Instructions for selecting an organization as a beneficiary

If you want to add an organization as a beneficiary, then you must give all the necessary information including organization name, benefit category, benefit type and organization tax identification number.

Beneficiary Designation (04/2016) 1 of 4



Examples for naming beneficiaries

Simple cases - Single beneficiary

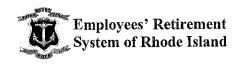
If you only wish to name one person as a beneficiary of your retirement account(s), list them as a Primary Beneficiary, and check both the Refund and Death benefit types. This person will receive all of your contributions and death benefits. If the person is your spouse, you do not need to specify the OAP election, since they will automatically be eligible depending on your amount of service. If the person is a child, you may choose to elect them for the OAP. Simply check that box on the form, and your child will have a choice of a lump-sum payment or an annuity upon your death.

Family cases – Multiple beneficiaries

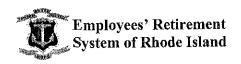
Now assume you have a wife and two children. You may want to specify that all of your benefits be paid to your wife upon your death, but you want to look out for the children in the event that you and your wife die simultaneously.

First, specify your wife as primary beneficiary, and select Refund and Death benefit types. If you die, your wife will receive all of your benefits. Next, list your two children as contingent beneficiaries. Choose whether you want your children to be able to split an annuity or split a lump-sum payment by selecting the OAP column. Next, mark both of your children as recipients of your Refund and Death benefit payments. This will split all of your benefits evenly between them.

| Mary | A | Wife | |
|--|--|--------------------|---|
| First name | MI | Last name | 1 |
| 123 Maín Street | | | |
| Address (street number, street name and a | partment number) | | |
| Anywhere | RI | 99999 | 555 555-1212 |
| City | State | Zip code | Telephone (area code and number) |
| Spouse | 1234-56-7890 | | 01/31/1950 |
| Relationship | Social Security number | | Date of birth (mm/dd/yyyy) |
| | ОАР | | Refund Death benefit |
| Beneficiary type (check only one) | OAP election (if vested | /} | Benefit type |
| | 经收益的现在与其不同之外的股份关键设计设计的工程和 因的条件程度 | | |
| | | | |
| Johny | A | Child | |
| Johny First name | | Chíld Last name | |
| <u> </u> | | L | |
| First name | MI | L | |
| First name 123 Main Street Address (street number, street name and a | MI | L | 555 555-1212 |
| First name 123 Maín Street | MI apartment number) | Last name | 555 555-1212 Telephone (area code and number) |
| First name 123 Main Street Address (street number, street name and a Anywhere | MI apartment number) | Last name | |
| First name 123 Main Street Address (street number, street name and a Anywhere City | MI apartment number) RI State | Last name | Telephone (area code and number) |
| First name 123 Main Street Address (street number, street name and a Anywhere City Child | MI apartment number) RI State 1234-56-7890 | Last name | Telephone (area code and number) 12/31/1976 |



| | edministrativament and in the control of the contro | ecancer de la production de la company de la production de la company de |
|---|--|--|
| Suzie | B Child | |
| First name | MI Last name | 3 |
| 123 Main Street | | |
| Address (street number, street name and | apartment number) | |
| Anywhere | RI 99999 | <i>555 555-</i> 1212 |
| City | State Zip code | Telephone (area code and number) |
| chíld | 1234-56-7890 | 01/30/1978 |
| Relationship | Social Security number | Date of birth (mm/dd/yyyy) |
| Primary Contingent | ⊠ OAP | 🔀 Refund 🔀 Death benefit |
| Beneficiary type (check only one) | OAP election (if vested) | Benefit type |
| blank. Next, set up the children as in the section for organizations, specify the r | beneficiary but this time, do not check he previous example, but leave the Dea ecipient of the additional Death benefi ovide the organization's tax identificati | ath benefit check box blank. Now, in the t. Name the organization as primary, |
| Mary | A Wife | |
| First name | MI Last nam | е |
| 123 Main Street | | |
| Address (street number, street name and | | h 1 |
| Anywhere | RI 99999 | 555 555-1212 |
| City | State Zip code | Telephone (area code and number) |
| Spouse | 1234-56-7890 | 01 /31/ 1950 |
| Relationship | Social Security number | Date of birth (mm/dd/yyyy) |
| | OAP | Refund Death benefit |
| Beneficiary type (check only one) | OAP election (if vested) | Benefit type |



| Johny | A Child | |
|--|--|--|
| First name | MI Last name | , |
| 123 Main Street | | |
| Address (street number, street name and | apartment number) | |
| Anywhere | RI 99999 | <i>555 555-</i> 1212 |
| City | State Zip code | Telephone (area code and number) |
| Child | 1234-56-7890 | 12/31/1976 |
| Relationship | Social Security number | Date of birth (mm/dd/yyyy) |
| Primary Contingent | ⊠ OAP | Refund Death benefit |
| Beneficiary type (check only one) | OAP election (if vested) | Benefit type |
| | NACES DE PROMINIO MAI DE SERVICIO DE TRANSPORTO DE CONTRACTOR DE CONTRAC | |
| Suzie | B Child | |
| First name | MI Last name | |
| 123 Main Street | | |
| Address (street number, street name and | apartment number) | |
| Anywhere | RI 99999 | 555 555-1212 |
| City | State Zip code | Telephone (area code and number) |
| Child | 1234-56-7890 | 01/30/1978 |
| Relationship | Social Security number | Date of birth (mm/dd/yyyy) |
| Primary S Contingent | ⊠ OAP | Refund Death benefit |
| Beneficiary type (check only one) | OAP election (if vested) | Benefit type |
| Organization as a beneficiary Shady Lane Funeral Chapel | NAMES OF THE PROPERTY OF THE P | можения по в Соби дология по в сели по не по в сели по не по в сели по не по в сели по в сели по в сели по в с |
| Organization name | | |
| 123 Main Street | | |
| Address | | |
| Anywhere | RI 99999 | <i>555 555-</i> 1212 |
| City | State Zip code | Telephone (area code and number) |
| Primary Contingent | Refund Death benefit | 99999-9999 |
| Benefit category (check only one) | Benefit type | Organization tax ID # |