

SAVINGS BANKS EMPLOYEES RETIREMENT ASSOCIATION

NOTICE OF DEFERRED RETIREMENT

Name of Participant _____ SSN or Cert No. _____

Name of Member Employer _____ Employer No. _____

PART A

PARTICIPANT NOTICE

I hereby notify the Savings Banks Employees Retirement Association (SBERA) of my intent to defer my date of retirement beyond the Normal Retirement Age of 65 as specified in the SBERA Plan.

I understand that I must begin to receive distribution from the Plan no later than April 1st of the calendar year following the year in which I attain age 70 ½ and terminate my service from the Employer.

My Normal Retirement Date is _____ 200__.
(First day of month following 65th birthday)

My date of retirement is hereby deferred until the first day of _____ 200__.
(Month) (Year)

Signed at _____ this _____ day of _____ 200__.

Signature of Participant

Signature of Employer Officer/Title
Plan Representative

SBERA USE ONLY

Date Rec'd _____

Date Entered _____

By _____

PART B
SPOUSAL CONSENT

COMPLETE ONE OF THE FOLLOWING SECTIONS AND SECTION C:

Section A: If Married or Separated

Section B: If Single, Widowed or Divorced

NOTE: If you are no longer legally married, but SBERA's records indicated you are married, you must submit a copy of either your spouse's death certificate or your final divorce decree (divorce nisi) with this form.

A. SPOUSAL CONSENT

I, with full knowledge of the effects of this act, do certify that I am the spouse of the above-mentioned Participant and consent to the Participant's decision to defer retirement beyond the Plan's Normal Retirement Date (age 65).

Signature of Participant's Spouse:

X _____

B. MARITAL STATUS (SINGLE) CERTIFICATION

By signing below, I certify under the pains and penalties of perjury that I am NOT MARRIED.

Signature of Participant:

X _____

C. NOTARY SIGNATURE

COMMONWEALTH OF MASSACHUSETTS

County: _____ Date _____

On the _____ day of _____, 200____, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, being personally known to me, to be the person whose name is signed on this document and acknowledged to me that he/she signed it voluntarily for its stated purpose as his/her free act and deed.

Notary _____

Printed Name _____

SEAL

Commission Expires _____