

Public Employees' Retirement System of Nevada693 W. Nye Lane, Carson City, NV 89703 (775) 687-4200 Fax (775) 687-5131
5740 S. Eastern Ave., Suite 120, Las Vegas, NV 89119 (702) 486-3900 Fax (702) 678-6934 Toll Free 1-866-473-7768 Website www.nvpers.org

Retirement Option Reversion Form

I hereby request to revert my retirement allowan understanding that by reverting my allowance to benefit for any beneficiary. I understand that the ethe date this completed form is received in the I abrogate any obligation I might have with respect	the unmodeffective da PERS offic	lified Option te of this clue. I recog	on 1 benefit, I will no longer provide a lifetime nange will be on the first of the month following nize that the exercise of this election does not
Retirement counselors are available to discuss the significance of this change. For Police/Fire I spouse/registered domestic partner will not be eli	Retirees: V	When you i	revert to the unmodified Option 1 benefit, your
Retiree Signature		_ <u>-</u> <u>I</u>	Last Four Digits of SSN
STATE OF			
STATE OFCOUNTY OF			
Signed or attested to before me on	20	by	
signed of altested to before the on	, 20	, 55	Name of Retiree
			Affix Stamp or Seal
Signature of Notarial Officer		_	
<u> </u>			
My commission expires			
Acknowledgment by Spor	use/Registe	ered Dome	estic Partner/Ex-Spouse
I fully understand and agree with the revocation of	of the abov	e retired m	ember's retirement option and beneficiary.
Spouse/Registered Domestic Partner/Ex-Spouse	Signature		
STATE OF			
COUNTY OF			
Signed or attested to before me on	, 20	, by	ne of Spouse/Registered Domestic Partner/Ex-Spouse
			Affix Stamp or Seal
Signature of Notarial Officer		_	
<u> </u>			
My commission expires			