Public Employees' Retirement System of Nevada
693 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

Contact the Public Employee's Retirement System (PERS) office to discuss the consequences of reverting your account to the Unmodified Option 1 benefit. Do not sign unless you understand the significance of this change. Police/Fire retirees: If you retire under any of the Options 2 through 8 and later revert to the unmodified Option 1 benefit, your spouse/registered domestic partner will not be eligible for benefit under the Police/Fire Spouse Option. The effective date of this change will be the first of the month following the date this form is received in the PERS office.

Retiree Acknowledgment

I request that PERS revert my retirement benefit from Option _____to the Unmodified Option 1 benefit. This change will result in the removal of the actuarial reduction applied to my benefit when I retired that provided a monthly, lifetime benefit to my beneficiary _____ upon my death. I acknowledge this election cancels the beneficiary benefit, and the change will be permanent. I understand this change does not abrogate any obligation I might have with respect to community property due to divorce.

_____
Retiree Signature Print Name Last Four Digits of SSN

STATE OF _____
COUNTY OF _____

This document was signed before me on _____20_____ by _____.
(Month, Day) (Year) (Print Retiree Name)

I am a notarial officer in and for the County of _____ State of_____.

_____
Notarial Officer Signature (Notary seal/stamp here)
(Expiration date required)

Spouse/Registered Domestic Partner Acknowledgment

I fully understand and agree with the revocation of the above retired member's retirement option and beneficiary.

_____
Spouse/Registered Domestic Partner Signature Print Name

STATE OF _____
COUNTY OF _____

This document was signed before me on _____20_____by _____.
(Month, Day) (Year) (Print Spouse/RDP Name)

I am a notarial officer in and for the County of _____ State of_____.

_____
Notarial Officer Signature (Notary seal/stamp here)
(Expiration date required)