**Annuity Option Selection Form**

**Organization Name  
Department**

**Section 1: Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name | John D. Carter | | |
| Employee ID | EMP-4721 | Designation | Senior Engineer |
| Department | Technical Services | Date of Birth | 12/06/1965 |
| Date of Joining | 01/03/1990 | Date of Retirement | 30/06/2025 |
| Contact Number | +1-555-980-2244 | Email Address | johncarter@email.com |
| Permanent Address | 1247 Eastwood Drive, Denver, CO, USA | | |

**Section 2: Annuity Plan Details**

|  |  |  |
| --- | --- | --- |
| Pension/Retirement Fund Account No. | PF-00982137 |  |
| Total Corpus Amount (USD) | 250,000 |  |
| Percentage to be Commuted (lump sum) | 30% |  |
| Amount Commuted (USD) | =**75,000** | 250,000 \* 30% |
| Amount to be Used for Annuity (USD) | =**175,000** | 250,000 – 75,000 |

**Section 3: Annuity Option Selection**

|  |  |  |  |
| --- | --- | --- | --- |
| **Option No.** | **Annuity Type** | **Description** | **Selected (✔)** |
| 1 | **Life Annuity** | Fixed monthly payment during lifetime only |  |
| 2 | **Joint Life Annuity** | Payment continues to spouse after death of employee | ✔ |
| 3 | **Life Annuity with Return of Purchase Price** | Full purchase amount returned to nominee after death |  |
| 4 | **Guaranteed Period Annuity (10/15/20 years)** | Payment guaranteed for fixed term even after death |  |
| 5 | **Increasing Annuity** | Annual increase in payment (e.g., 3% per year) |  |

**Section 4: Nominee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Nominee Name | Sarah Carter | Relationship to Employee | Spouse |
| Date of Birth | 08/02/1970 | Contact Number | +1-555-671-1100 |
| Address | Same as employee | Percentage Share | 100% |

**Section 5: Bank Details (for Annuity Payments)**

|  |  |  |  |
| --- | --- | --- | --- |
| Bank Name | First National Bank | Branch Name | Denver Downtown |
| Account Holder Name | John D. Carter | Account Number | 003874561 |
| IBAN / SWIFT Code | FNBUUS55DEN | Payment Frequency | Monthly |

**Section 6: Declaration**

I, **John D. Carter**, hereby confirm that the above details are true and that I have selected my preferred annuity option voluntarily. I understand that once exercised, the option cannot be changed.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Date:** 10/06/2025

**HR/Retirement Officer Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Date:** 11/06/2025