(Approved by AC on 12/19/2014)

International Monetary Fund
STAFF RETIREMENT PLAN

(Please complete & return form to: HRD, SRP Team (HQ2-05-009), 700 19th St. NW, Washington, DC 20431)

ELECTION OF REDUCED PENSION WITH PENSION TO SURVIVOR (SECTION 4.6)

I _____ hereby elect Option No. ___ as described in Section 4.6 of the
(Please Print Name)

Staff Retirement Plan of the International Monetary Fund and nominate the following person to receive the pension after my death[1].

_____ _____ _____ _____
Name Sex Date of Birth*

_____
Address

Date_____ Signature _____

Address _____
(Please print)

_____

_____

Witnesses (three):

Name_____ Address _____

_____

Name_____ Address _____

_____

Name_____ Address _____

_____

*Enclose a certified copy of the nominated person's birth certificate or other acceptable evidence of birth date
NOTE: The nomination on this form of a person to receive a pension after the death of a participant does not change or revoke the Designation of Beneficiary relative to Death Benefits previously made by the participant.

[1] If you elect Option 3 under Section 4.6, please indicate here the monthly amount $_____, of the survivor's pension that you would like to provide to your designated survivor. The annual cost-of-living adjustment will be added to this amount