

Lincoln County

PUBLIC EMPLOYEES RETIREMENT SYSTEM
693 W. Nye Lane, Carson City, Nevada 89703
Telephone (702) 687-4200

RETIREMENT APPLICATION FORM

PART I

MRS Linnea Baldwin
P.O. Box 576
Caliente, Nevada 89008

Social Security No. 517-44-8487

Print or type name and address.

PART II

SELECTION OF RETIREMENT PLAN

[X] THE UNMODIFIED RETIREMENT ALLOWANCE provides full monthly benefits to the retired employee for life but provides no protection for beneficiary other than return of unused employee contributions. I hereby apply for service retirement under the Unmodified Retirement Allowance.

Linnea Baldwin (Signature)

APR 17 1993 (Effective Date of Retirement)

(2) RETIREMENT OPTION 2 provides an actuarially reduced allowance for the lifetime of the retired employee. After the retired employee's death, the allowance will continue in the same amount to the beneficiary for the remainder of the beneficiary's lifetime. I hereby apply for service retirement under Option 2.

(3) RETIREMENT OPTION 3 provides an actuarially reduced allowance for the lifetime of the retired employee. After the retired employee's death, 50% of the allowance paid to the retired employee shall be paid monthly to the beneficiary for the remainder of the beneficiary's lifetime. I hereby apply for service retirement under Option 3.

(4) RETIREMENT OPTION 4 provides an actuarially reduced allowance for the lifetime of the retired employee. After the retired employee's death and beginning upon the beneficiary's attainment of age 60, the allowance will continue in the same amount to the beneficiary for the remainder of the beneficiary's lifetime. This option does not apply if the named beneficiary has already attained age 60. I hereby apply for service retirement under Option 4.

(5) RETIREMENT OPTION 5 provides an actuarially reduced allowance for the lifetime of the retired employee. After the retired employee's death and beginning upon the beneficiary's attainment of age 60, 50% of the allowance paid to the retired employee shall be paid monthly to the beneficiary for the remainder of the beneficiary's lifetime. This option does not apply if the named beneficiary has already attained age 60. I hereby apply for service retirement under Option 5.

(6) RETIREMENT OPTION 6 provides an actuarially reduced allowance for the lifetime of the retired employee. After the retired employee's death, the beneficiary will receive the specific sum of per month, which cannot exceed the monthly allowance paid to the retired employee, for the remainder of the beneficiary's lifetime. I hereby apply for service retirement under Option 6.

(7) RETIREMENT OPTION 7 provides an actuarially reduced allowance for the lifetime of the retired employee. After the retired employee's death, and beginning upon the beneficiary's attainment of age 60, the beneficiary will receive the specific sum of per month, which cannot exceed the monthly allowance paid to the retired employee, for the remainder of the beneficiary's lifetime. I hereby apply for service retirement under Option 7.

PART III MEMBER'S NOTARIZED SIGNATURE AND BENEFICIARY INFORMATION

I hereby certify that I (am/am not) married. (Circle appropriate response.) If married, name of spouse I designate the following beneficiary to receive benefits after my death in accordance with the above selected retirement plan:

Name of Beneficiary Date of Birth of Beneficiary Social Security No. of Beneficiary
Member's Name (Please Print) Signature of Member

On this day of 19 before me, the undersigned Notary Public in and for the County of State of Nevada, personally appeared known to me to be the person described in and who executed the foregoing instrument, and who acknowledged to me that did so freely and voluntarily and for the uses and purposes therein mentioned. WITNESS my hand and official seal.

PART IV NOTARIZED ACKNOWLEDGMENT BY SPOUSE

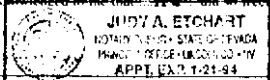
I hereby certify that I am the spouse of the above member. I further certify that I understand the ramifications of the plan selected and concur with that selection.

Sherman L Baldwin (Spouse's Name (Please Print))

(Signature of Spouse)

On this 12 day of APRIL 1993 before me, the undersigned Notary Public in and for the County of LINCOLN, State of Nevada, personally appeared Sherman L Baldwin known to me to be the person described in and who executed the foregoing instrument, and who acknowledged to me that did so freely and voluntarily and for the uses and purposes therein mentioned. WITNESS my hand and official seal.

Judy A. Etchart (Notary Public in and for said County and State)



NOTE: THIS FORM CANNOT BE LEGALLY FILED UNLESS THE MEMBER SELECTS A RETIREMENT PLAN. IF MEMBER IS MARRIED, THE SPOUSE CONSENTS TO THE SELECTION, THE MEMBER'S SIGNATURE AND THE SIGNATURE OF THE SPOUSE HAVE BEEN NOTARIZED, AND THE COMPLETED FORM IS RECEIVED BY THE RETIREMENT SYSTEM.

DISTRIBUTION: White - To Retirement System; Gold/brass - To Member

BOOK 105 PAGE 473

Lincoln County

COPY

100268

FILED AND RECORDED AT REQUEST OF
Linnea Baldwin

April 12, 1993

TIME 08 MINUTES PAST 12 O'CLOCK

IN BOOK 105 OF OFFICIAL

RECORDS, PAGE 473 LINCOLN

COUNTY, NEVADA.

Yurika Setzer

COUNTY RECORDER

By Lizbeth Bruchis, Deputy