## Lincoln County

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

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1.0 BOY 57	a Baldwin	
1: 4:1 ' T	7 6	Print or type name and address.
_OMITERIE,	Nevada 89008	
ART/II	SELECTION OF	RETIREMENT PLAN
protection for beneficia Unmodified Retirement	ary other than return of unused emp : Allowance,	les full monthly benefits to the retired employee for life but provides at loyee contributions. I hereby apply for service retirement under the
Junea B	Baldum Signature	APR 1 15 193 The live trace of Retinance 1 allowance for the lifetime of the retired employee. After the retired
employee's death, the at	trowance witt continue in the same am re retirement under Option 2.	sount to the beneficiary for the remainder of the beneficiary's frietime.
	Signature	I ffective Date of Reittenseni
employee's death. 50%		
	Signature	Effective Date of Returement
employee's death and be beneficiary for the remain	orginning upon the beneficiary's attain	allowance for the lifetime of the retired employee. After the retired ment of age 60, the allowance will continue in the same amount to the suprior does not apply if the named beneficiary has already attained age.  Effective Date of Retirement
employee's death and be be paid monthly to the b	eginning upon the beneficiary's attains	allowance for the lifetime of the retired employee. After the retirenent of age 60, 50% of the allowance paid to the retired employee shall neficiary's lifetime. This option does not apply if the named beneficiar ment under Option 5.
	Signature	Effective Date of Retirement
employee's death, the	beneficiary will receive the specific etired employee, for the remainder of	allowance for the lifetime of the retired employee. After the retires sum of
	I beginning upon the beneficiary's at	allowance for the lifetime of the retired employee. After the retire tainment of age 60, the beneficiary will receive the specific sum of
рег тог	I hereby apply for service retirement t	inder Option 7.
per mor beneficiary's lifetime. I	I hereby apply for service retirement to Signature	Index Option 7.  Frience Day of Remontal
per mor beneficiary's lifetime. I	I hereby apply for service retirement to Signature	inder Option 7.
PART III NE  Thereby certify that I to I designate the following be	I hereby apply for service retirement in Signature  EMBER'S NOTARIZED SIGNATU (ami/am not) married. (Circle approprienticiary to receive benefits after my	Therese have of Remember of Section 1 and Propose of There of Section 1 and Propose of Remember of Section 1 and Propose of Remember of Re
PART III NI  I hereby certify that I (c) I designate the following be	I hereby apply for service retirement in Signature  EMBER'S NOTARIZED SIGNATU  (amitum not) married. (Circle appropria teneficiary to receive benefits after my  ary. Date of 8	THEORY DATE OF REMOVIER  THE AND BENEFICIARY INFORMATION  the response.) If married, name of spouse, death in accordance with the above selected retirement plan:  with of Beneficiary Social Security No. of Beneficiary
PART III AII  I hereby certify that I (t) I designate the following be	I hereby apply for service retirement in Signature  EMBLER'S NOTARIZED SIGNATURATION OF A	TREE AND BENEFICIARY INFORMATION  the response.) If married, name of spouse death in accordance with the above selected retirement plan:  the of Beneficiary Social Security No. of Bonds. Life Segmant of Member
PART III NI  I hereby certify that I (t I designate the following be  Name of Bench. is  Kanne On this	I hereby apply for service retirement in Signature  EMBER'S NOTARIZED SIGNATURATION OF THE SI	THEORY Date of Remember 1 TRE AND BENEFICIARY INFORMATION THE REPORT OF THE PROPERTY OF THE PR
PART III MI  Thereby certify that I (c) I designate the following be Name of Benchara  Name of Benchara  Manhoe  On this day of State of Nevada, personally at described in and who executed	I hereby apply for service retirement in Septime  EARBER'S NOTARIZED SIGNATU  (amfum not) married. (Circle approprial teneficiary to receive benefits after my arg. Date of B.  ars Name (Please Pint)	refer Option 7.  Frecise Pare of Remember  TRE AND BENEFICIARY INFORMATION  the response.) If married, name of spouse death in accordance with the above selected retirement plan:  the of Beneficiary  Sucral Security No. of Beneficiary  Suprature of Member  the undersigned Notary Public in and for the County of  Amount to use to se the person
PART III NI  I hereby certify that I of I designate the following be  Name of Beschaft  Con this day of State of Nevada, personally and described in and who executed purposes therein mentioned. V	I hereby apply for service retirement in Signature  EARDER'S NOTARIZED SIGNATU  (amitum not) married. (Circle approprial tenefitiary to receive benefits after my  ary. Doe of B  ar's Name (Please Point)	refer Option 7.  Frecise Pare of Remember  TRE AND BENEFICIARY INFORMATION  the response.) If married, name of spouse death in accordance with the above selected retirement plan:  the of Beneficiary  Sucral Security No. of Beneficiary  Suprature of Member  the undersigned Notary Public in and for the County of  Amount to use to se the person
PART III NI  I hereby certify that I of I designate the following be  Name of Beschaft  Con this day of State of Nevada, personally and described in and who executed purposes therein mentioned. V	I hereby apply for service retirement is Signature.  EMBER'S NOTARIZED SIGNATU (ami/am not) married. (Circle approprisentiatives for receive benefits after my post of B ars Name (Please Print)	THEORY Date of Remember 1  TRE AND BENEFICIARY INFORMATION  THE response I If married, name of spouse death in accordance with the above selected retirement plan:  The of Beneficiary Social Security No. of Beneficiary Signature of Member 1  The indersigned Notary Public in and for the County of
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PART III NIE  I hereby certify that I of I designate the following be  Name of Berchara  Name of Berchara  On this day of Marco of Nevada, personally an adescribed in and who executed purposes therein mentioned V  Notary Public PART IV  I hereby certify that I a concur with that selection.	I hereby apply for service retirement in Signature  EARDER'S NOTARIZED SIGNATU  (amitum not) married. (Circle appropria teneficiary to receive benefits after my arry. Dote of B ac's Name (Please Point)	Theories Date of Remember The AND BENEFICIARY INFORMATION  the response.) If married, name of spouse death in accordance with the above selected retirement plan:  herbof Beneficiary  Social Security No. of Beneficiary  Supraire of Member  the undersigned Notary Public in and for the County of  Amount to use to se the person wiledged to me that
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PART III MI  Thereby certify that I of I designate the following be with the control of the cont	I hereby apply for service retirement in Signature  EARBER'S NOTARIZED SIGNATU  (amitum not) married. (Circle appropria teneficiary to receive benefits after my arts.)  Bote of Bote	THEORY DATE OF REMEMBER  THE AND BENEFICIARY INFORMATION  THE PROPERTY OF REMEMBER  THE PROPERTY

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AND RECORDED AT REQUEST OF Linnea Baldwin April 12, 1993

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RECORDS, PAGE 473 LINCOLF,
CUNTY, NEVADA. Yurika Setzer CCUNIY GC. L.

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