



Public Employees' Retirement System of Nevada

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Retirement Option Reversion Form

I hereby request to revert my retirement allowance from the Option _____ to the unmodified Option 1 benefit. It is my understanding that by reverting my allowance to the unmodified Option 1 benefit, I will no longer provide a lifetime benefit for any beneficiary. I understand that the effective date of this change will be on the first of the month following the date this completed form is received in the PERS office. I recognize that the exercise of this election does not abrogate any obligation I might have with respect to community property.

Retirement counselors are available to discuss the revocation of selected option. Do not sign unless you understand the significance of this change. For Police/Fire Retirees: When you revert to the unmodified Option 1 benefit, your spouse/registered domestic partner will not be eligible for benefits under the Police/Fire Spouse Option.

_____ Retiree Signature	_____ Retiree Social Security Number
STATE OF _____	
COUNTY OF _____	
Signed or attested to before me on _____, 20_____, by _____	
	Name of Retiree
	Affix Stamp or Seal
_____ Signature of Notarial Officer	
My commission expires _____	

Acknowledgment by Spouse/Registered Domestic Partner/Ex-Spouse

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

_____ Spouse/Registered Domestic Partner/Ex-Spouse Signature	
STATE OF _____	
COUNTY OF _____	
Signed or attested to before me on _____, 20_____, by _____	
	Name of Spouse/Registered Domestic Partner/Ex-spouse
	Affix Stamp or Seal
_____ Signature of Notarial Officer	
My commission expires _____	