

105 Stockington Road
Woodstown, NJ 08098
February 9, 2001

Ms. Wendy Jamison, Secretary, Board of Trustees
Public Employees' Retirement System
PO Box 295
Trenton, NJ 08625-0295

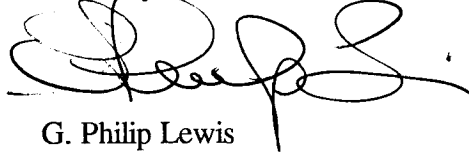
Re: Amended Retirement Application
MS # ██████████

Dear Ms. Jamison;

Pursuant to our discussion of February 8, 2001, enclosed please find my Amended Retirement Application. I am amending my original application dated June 20, 2000 to be effective **July 1, 2000** to reflect Early Retirement.

If there is any other information which you require, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'G. Philip Lewis'. The signature is written in a cursive style with a large initial 'G' and a long horizontal stroke at the end.

G. Philip Lewis

~~AMENDED~~

**PUBLIC EMPLOYEES' RETIREMENT SYSTEM AND TEACHERS' PENSION AND ANNUITY FUND
NEW JERSEY DIVISION OF PENSIONS AND BENEFITS**

APPLICATION FOR RETIREMENT ALLOWANCE

PLEASE READ THE ATTACHED INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION.
PLEASE DETACH BEFORE MAILING THE APPLICATION.

PENSION FUND **PERS** **TPAF** **MEMBERSHIP NO.** [REDACTED]

PART ONE: (Please print - black ink preferred - or type.)

1. Name (Last, First, Middle) LEWIS, G. PHILIP

2. Address (Street, City, State, Zip) 105 STOCKINGTON RD
WOODSTOWN, NJ 08098

3. Name of Employer COUNTY OF SALAM

4. Social Security No. [REDACTED] 5. Date of Birth (Month, Day, Year) [REDACTED]

6. Home Phone (856) 769-1064 7. Work Phone (856) 769-1064

8. Were your last three years of service also the years during which you earned the highest salaries? Yes No
If no, list the three fiscal years in which you earned the highest salaries: _____

9. If you will have an outstanding loan balance at retirement, how do you want to pay the loan off?
 Lump Sum Withhold Retirement Checks
 Continue Payments Into Retirement - (refer to Instructions, Item #9, and attach completed application on page 13).

10. Retirement is to be effective the first day of (Month, Year) JULY, 2000

11. Type of Retirement Allowance desired (refer to pages 3 and 4): Service **Early** Veteran Deferred

12. Indicate your choice of payment (refer to page 5):
 Maximum allowance Option 1 **Option 2** Option 3

Option 4 — If Option 4 is chosen, state the monthly amount your beneficiary will receive: \$ _____

13. Spouse's Name (Last, First, Middle) LEWIS, LUCINDA R.

14. Spouse's Social Security No. [REDACTED]

15. Spouse's Address - If Different From Yours (Street, City, State, Zip) _____

16. RETIREMENT ALLOWANCE BENEFICIARY - See Instructions - Options 2 and 3 may list only ONE primary beneficiary.

PRIMARY BENEFICIARY

BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SS# (OPTIONAL)
1. <u>LUCINDA R. LEWIS</u>	<u>WIFE</u>	[REDACTED]	[REDACTED]
ADDRESS <u>105 STOCKINGTON RD, WOODSTOWN, NJ 08098</u>			

2. _____
ADDRESS _____

CONTINGENT BENEFICIARY
1. _____
ADDRESS _____
2. _____

ADDRESS _____