

105 Stockington Road
Woodstown, NJ 08098
March 15, 2001

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

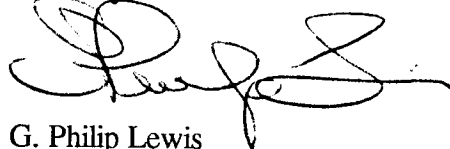
Re: Second Amended Retirement Application
MS # [REDACTED]

Dear Ms. Jamison;

After our discussion on February 8, 2001, I submitted an Amended Retirement Application to change the type of retirement from *Service* to *Early* as you indicated this was necessary. Subsequently I received a letter from someone in the PERS indicating that since the Application to retire effective March 1, 2007 (no mention of that fact that it is an amended application which should relate back to my July 1, 2000 effective date) was not notarized, it was unacceptable. Enclosed please find another AMENDED Retirement Application showing the change in type of retirement only. By this revised 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", written over a horizontal line.

G. Philip Lewis

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

5. Name of Employer COUNTY OF SALEM

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?

Continue Payments Into Retirement Lump Sum

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

11. Type of Retirement desired (refer to pages 1 and 2): Service Early Veteran Deferred

12. Indicate your choice for method of payment (refer to page 3) (You may choose only one):

Maximum Allowance — Member benefit only, no benefit to beneficiary

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) LUCINDA R. LEWIS

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	SOCIAL SECURITY NO. (OPTIONAL)
1.	<u>LUCINDA R. LEWIS</u>	<u>WIFE</u>	[REDACTED]	[REDACTED]

ADDRESS _____

2. _____

ADDRESS _____

3. _____

ADDRESS _____

4. _____

ADDRESS _____

Please continue Part Two on reverse side.

2/27/01 jms

PART TWO: DESIGNATION OF GROUP LIFE INSURANCE BENEFICIARY(IES)

Only those members with 10 or more years of membership credit are covered by group life insurance at retirement. This section is to be used to name a beneficiary(ies) for your group life insurance, if any. Please be sure to name both a Primary and Contingent beneficiary. Complete this section even if the beneficiary you name is the same as in Part One. This designation becomes effective when filed with the Division of Pensions and Benefits.

PRIMARY BENEFICIARY(IES)

	BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NO. (OPTIONAL)
1.	<u>LUCINDA R. LEWIS</u>	<u>WIFE</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
	ADDRESS <u>105 STOCKINGTON RD, WOODSTOWN, NJ 08098</u>			
2.	_____	_____	_____	_____
	ADDRESS _____			
3.	_____	_____	_____	_____
	ADDRESS _____			
4.	_____	_____	_____	_____
	ADDRESS _____			

CONTINGENT BENEFICIARY(IES) — If no Primary Beneficiary is living at my death, payment is to be made to:

	BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NO. (OPTIONAL)
1.	<u>[REDACTED]</u>	_____	_____	_____
	ADDRESS _____			
2.	<u>[REDACTED]</u>	_____	_____	_____
	ADDRESS _____			
3.	_____	_____	_____	_____
	ADDRESS _____			
4.	_____	_____	_____	_____
	ADDRESS _____			

SIGNATURE OF APPLICANT

[Handwritten Signature]
(YOUR SIGNATURE MUST BE NOTARIZED)

State of NEW JERSEY

County of SALEM

Sworn and subscribed before me this 15th day of MARCH, 2001.
MONTH YEAR

Signature of Notary or Commissioner of Deeds Lucinda R. Lewis
LUCINDA R. LEWIS

My Commission expires APRIL / 23 / 2003.
DAY MONTH YEAR

Official Title NOTARY PUBLIC OF NEW JERSEY