

United States
Office of Personnel Management
 Retirement Operations Center
 P. O. Box 45
 Boyers, PA 16017-0045

Form approved
 OMB Number: 3206-0174

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|---------|
| Date |
| CSA No. |

This is in response to your request for information on providing a survivor annuity of \$_____ per month for your spouse. If you make this election, your annuity will be adjusted as shown below.

1. Your current gross monthly annuity rate is \$_____.
2. If you make this election, your gross monthly annuity will be reduced to \$_____.
3. Your spouse's gross monthly annuity will be \$_____. Future cost-of-living adjustments will be applied to this rate.

If you want to provide this survivor annuity, please complete the enclosed election form and return it to us before _____. We have enclosed a copy of the information we sent you on _____.

Return this election form to:

U.S. Office of Personnel Management
 Retirement Operations Center
 Attn: PRM-STOP
 P.O. Box 45
 Boyers, PA 16017-0045

If you decide not to provide a survivor benefit, please indicate your decision below, provide your signature and date, and return this letter to us at the above address.

| | |
|--|----------------------------|
| I have decided not to provide a survivor benefit for | Name <i>(Please print)</i> |
| Signature <i>(Do not print)</i> | Date |

Sincerely,

Benefits Specialist
 Retirement Operations Center
 (724) 794-2005, Ext. _____

Enclosure: RI 20-63 - Survivor Annuity Election for a Spouse
 Copy of information we sent you before.