

**THIS IS TO NOTIFY THE PUBLIC EMPLOYEES RETIREMENT SYSTEM OF NEVADA THAT I, \_\_\_\_\_, AM RETIRING FROM**  
Please print name  
\_\_\_\_\_, **AND MY LAST SCHEDULED PAY CHECK**  
Employer  
**WILL BE ON \_\_\_\_\_.** I AUTHORIZE THE DEDUCTION OF MY VOLUNTARY SUPPLEMENTAL LIFE INSURANCE PREMIUMS FROM MY RETIREMENT CHECK. I FURTHER STATE THAT THESE PREMIUMS ARE TO BE PAID OUT ONLY TO *WESTERN INSURANCE SPECIALTIES, INC.* FOR SUBMISSION TO THE INSURANCE CARRIER. FURTHER, I AUTHORIZE *WESTERN INSURANCE SPECIALTIES* TO REQUEST MY MAILING ADDRESS FROM THE PUBLIC EMPLOYEE RETIREMENT SYSTEM FROM TIME TO TIME AS BECOMES NECESSARY.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip

**CC: WESTERN INSURANCE SPECIALTIES, INC.  
P.O. BOX 12910  
RENO, NEVADA 89510**