

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
 40 Fountain Street
 Providence, RI 02903 - 1854
 Office (401) 222-2203 Fax (401) 222-2430
 E-Mail: ersri@ersri.org Web Site: www.ersri.org

**APPLICATION FOR
 DISABILITY RETIREMENT
 (Employees Retirement System)**

Instructions: Please print or type in black ink. Please return the completed form to the ERSRI.

MEMBER INFORMATION

Name: **JOHN T SHARKEY** SSN: [REDACTED]
 Address: [REDACTED] Date of Retirement:
 City: **CRANSTON** State: **RI** ZIP: **02920-4534** Date of Termination:
 Home Phone: (401)-[REDACTED] Business Phone: [REDACTED] Estimate No.: 0 Date of Birth: **1955**

TYPE OF DISABILITY RETIREMENT and PLAN INFORMATION

Ordinary Disability Accidental Disability Plan: **Employees Retirement System** Benefit Structure: **STEE**

MEMBER STATUS

Present Place of Employment: **MHRH/DDD/RI COMM LIVINGSTON SHOPS** Present Title: **SR. ACCOUNTANT**

TYPE OF DISABILITY RETIREMENT

PLEASE STATE MEDICAL REASON FOR DISABILITY



List any previous employers chronologically (since becoming a member of ERSRI or MERS)

State Agency, City, Town or School District	From	To	Full-Time	Part-Time
MHRH/FAC + MAINT	9/21/1980	7/7/86	✓	
DOA/TAX DIVISION + Bureau of Audits	7/7/1986	9/1992	✓	
DHS/VETERANS HOME	9/1992	10/2/93	✓	
MHRH/DDD/RI CLAS	JAN 1996	PRESNT	✓	

PURCHASED CREDIT List any Purchases of service you had on file with ERSRI or MERS

Type of Purchase	From (Date)	To (Date)	Amount Paid	Date of Purchase
DIRECT PURCHASE TBA	9/15/2006	PRESNT	TBA	FUTURE
DIRECT PURCHASE TBA	9/21/1980	10/2/93	TBA	FUTURE

BENEFICIARY INFORMATION for Death Benefit Only Death Benefit will be divided equally among beneficiaries listed below on the next page. See Option Selection Form to name Beneficiary for Survivor Pension (Option 1 or Option 2)

First Name: **KAREN** MI: **I** Last Name: **ANJOURIAN** Date of Birth (mm/dd/ccyy): **1951**
 Address: [REDACTED] SSN: [REDACTED]
 City: **E. GREENWICH** State: **RI** Zip: **02818-2001** Relationship: **GOOD FRIEND + FORMER SPOUSE**

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B. BENEFICIARY INFORMATION (Continued from first page)

First Name STEPHEN	MI T.	Last Name SHARKEY	Date of Birth (mm/dd/yyyy) 1959
Address [REDACTED]		SSN [REDACTED]	
City WAKEFIELD	State RI	Zip 028791506	Relationship BROTHER

AVERAGE SALARY

IF APPLYING FOR ORDINARY DISABILITY , REPORT 3 HIGHEST CONSECUTIVE YEARS SALARY OR 3 LAST YEARS SALARY, WHICH EVER IS GREATER	Year	Salary
IF APPLYING FOR ACCIDENTAL DISABILITY , REPORT YOUR YEARLY COMPENSATION, AS OF THE DATE OF YOUR INJURY.	2006	50,892.78
	2005	47,342.85
	2004	46,412.50

WORKERS' COMPENSATION

ARE YOU CURRENTLY RECEIVING WORKER'S COMPENSATION? Yes No

IF YOU ARE CURRENTLY RECEIVING WORKER'S COMPENSATION, INDICATE THE WEEKLY AMOUNT AND STARTING DATE OF SUCH PAYMENTS. YOUR DISABILITY PAYMENTS WILL BE OFFSET BY THE AMOUNT OF YOUR WORKER'S COMPENSATION.

Weekly Amount: _____ Starting Date: _____

FEDERAL TAX WITHHOLDING STATUS and EXEMPTIONS

Marital Status (check one)

Married Single

Number of exemptions claimed: 2

FEDERAL TAX WITHHOLDING PREFERENCE (check one)

- I do not wish to have federal taxes deducted from my retirement allowance.
- I wish to have ERSRI determine the amount, if any, of federal taxes to be withheld from my retirement allowance in accordance with the applicable tax tables using the marital status and exemptions claimed.
- I wish to have ERSRI determine the amount, if any, of federal taxes to be withheld from my retirement allowance in accordance with the applicable tax tables using the marital status and exemptions indicated above. I also wish to have \$ _____ withheld from each monthly benefit payment in addition to the amount to be withheld on the basis of withholding status and exemption claimed.
- I wish to have ERSRI withhold a total amount of \$ _____ from each monthly benefit payment.

STATE INCOME TAX WITHHOLDING PREFERENCE (check one)

- I do not wish to have Rhode Island state taxes deducted from my retirement allowance.
- I request voluntary income tax withholding from my pension payment in accordance with the applicable tax tables using the marital status and exemptions indicated above. I also wish to have \$ ZERO withheld from each monthly benefit payment in addition to the amount to be withheld on the basis of withholding status and exemption claimed.
- I want the following amount to be withheld from each pension payment \$ _____

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DEPOSIT INFORMATION AND AUTHORIZATION

Name of the Bank / Financial Institution R.I. CREDIT UNION, Providence, RI Checking Saving

Bank's Routing Number [REDACTED] Your Account Number [REDACTED]

DEPOSIT AUTHORIZATION

I certify that I am entitled to an ERSRI retirement allowance, and authorize my payment to be sent to the financial institution named above and to be deposited in the designated account.

Please enclose a copy of a voided check, or first page of bank statement showing account numbers for savings accounts.

Signature John Thomas Sharkey Date 12/13/2006

MEMBER AUTHORIZATION

I, the undersigned, certify that I understand my rights and benefits as a member of the Employees Retirement System of Rhode Island. I hereby make known my intention to apply for disability retirement as of the date indicated on this application.

Signature John Thomas Sharkey Date 12/13/2006

AUTHORIZATION OF MEMBER'S OR AUTHORIZED REPRESENTATIVE'S SIGNATURE

State of RHODE ISLAND County of PROVIDENCE

Subscribed and sworn to (or affirmed) before me on this the 13TH day of DECEMBER, 2006

(SEAL) 6/24/09 Johnne Giles
Date of Commission Expiration Notary Public

JOHN T. SHARKEY 10-88
CRANSTON, RI 02920
401-787-0321

57-9049/2115
505089321

6786

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ERSRI

PAY TO THE ORDER OF

VOID



\$ _____
DOLLARS

MEMO [REDACTED]

*2. changed beneficiary 6-6-89
12-15-89*

REDACTED

ERS-1 - Revised 7-1-73

(This form is to be filled out in ink or typewritten.)



EMPLOYEES' RETIREMENT SYSTEM

OF THE STATE OF RHODE ISLAND

Room 304, State House, Providence, Rhode Island 02903

MEMBERSHIP APPLICATION FORM

for State employees under the provisions of Chapters 8-10 (inclusive, of Title 36 of the General Laws

To constitute a permanent record of the Employees' Retirement System of the State of Rhode Island and to be used in establishing the rights, privileges and benefits of state employees participating in the system. Please observe carefully the following instructions in completing this record.

INSTRUCTIONS: 1. All questions must be answered on both sides of this form. 2. State your full name. Do not use initials. 3. The information to be given in this form is strictly confidential and is for the use of the Retirement Board only.

1. Name JOHN THOMAS SHARKEY Social Security No. [REDACTED]
(Type or Print Name in Full)

2. Home Address [REDACTED] CRANSTON, RI 02920
Post Office Address Street City or Town State Zip

3. I hereby certify that I was born on [REDACTED] 1955 Age 25
Date of Birth

4. Check by (x) Sex Male Female ()

5. Check by (x) Marital Status: Single Married () Widowed () Divorced ()

6. Name of Department now employing you DPH

7. Name of Division, Bureau, Institution Facilities Maintenance

8. Title of Position Held MAINTENANCE TECHNICIAN

9. (a) Amount of Annual Salary 710,000 (b) Hourly Rate 1.94
(c) Hours worked in regular pay period 40

10. Date you began your present continuous employment service with the State of Rhode Island 7-2-80

11. Have you ever worked for the state before? If answer is yes, describe on reverse side. Yes No

12. I certify that the above statements are true to the best of my knowledge and belief.

Signature of Applicant JTS Thomas Sharkey
(First) (Middle or Maiden) (Last)

DO NOT FILL IN NO. 13

13. Date Received Date Enrolled

Be sure to complete the information which is requested on the other side of this form before mailing it to the Retirement Board.

NOTE: If you are over age 50, you must supply a copy of your Birth Certificate or other proof of age with this form.

DESIGNATION OF BENEFICIARY

Read the following instructions before designating your beneficiary:

*INSTRUCTIONS: In nominating your beneficiary you must designate a person having an "Insurable Interest" in your life, such as wife, husband, child or parent, dependency or relationship by blood or marriage to you; or you may designate your estate, or a friend. If multiple heirs, please designate your estate.

If you wish to designate contingent beneficiaries, please request contingent form.

14. I the undersigned, do hereby designate STEPHEN THOMAS SHARKEY
(Print Full Name of Beneficiary having an "Insurable Interest" in your life)

Whose date of birth is [REDACTED] 1959
(Month, Day and Year)

Whose address is [REDACTED] CRANSTON, RI 02920
(Town, Address of Beneficiary: Street, City or Town and State)

And whose relation to me is my BROTHER

as the beneficiary to whom I request the Retirement Board of the Employees' Retirement System of the State of Rhode Island to pay in the event of my death before retirement on pension, the total amount of the accumulated contributions standing to my credit in the retirement system, and my ordinary death benefit insurance, as provided by the Retirement Law.

15. Describe all previous employment with the State of Rhode Island, Departments and Dates.

NONE

After you fill in the information requested in items 1 thru 12 and 15, you should acknowledge your signature before a Notary Public.

(Signature of Applicant) ST [Signature] Thomas Sharkey
(First) (Middle or Maiden) (Last)

State of Rhode Island County of Kent

In the City of Warwick on this 9th day of September 1980

personally appeared before me the said named JOHN T. SHARKEY to me known and known to me to be the person described in and who executed the foregoing instrument and he (or she) acknowledged that he (or she) executed the same and being duly sworn by me, made oath that he (or she) named the above beneficiary or beneficiaries of his (or her) own free will and accord.

(Signature of Notary Public) Steven J. Gallinari (If you have an official seal affix it)
(Notary Public)

My Commission expires on June 30, 1981

EMPLOYEES' RETIREMENT SYSTEM
ROOM 101, 198 DYER STREET
PROVIDENCE, R. I. 02903

NAME JOHN T. SHARKEY
ADDRESS [REDACTED]
CITY, STATE, ZIP CRANSTON, R.I. 02920
SS # [REDACTED]

- STATE EMPLOYEE ACTIVE
- PUBLIC SCHOOL TEACHER RETIRED
- MUNICIPAL EMPLOYEE

REQUEST TO CHANGE BENEFICIARY* DESIGNATION

EFFECTIVE MAY FOURTEENTH 1989, PLEASE CHANGE THE DESIGNATED BENEFICIARY* OF MY RETIREMENT ACCOUNT FROM THE PRESENT RECORD TO THE FOLLOWING:

NAME KAREN IRENE (ANJOURN) SHARKEY DATE OF BIRTH [REDACTED] / 51
ADDRESS [REDACTED] RELATIONSHIP WIFE
CITY/STATE/ZIP CRANSTON, R.I. 02920

NAME _____ DATE OF BIRTH _____
ADDRESS _____ RELATIONSHIP _____
CITY/STATE/ZIP _____

NAME _____ DATE OF BIRTH _____
ADDRESS _____ RELATIONSHIP _____
CITY/STATE/ZIP _____

*If you wish to name a contingent beneficiary, another form is required.

DATE Dec. 02, 1989 SIGNATURE OF MEMBER [Signature]

State of RHODE ISLAND City/Town of CRANSTON

On this SECOND Day of DECEMBER, 1989 appeared before me the above-named member and executed the foregoing instrument and he/she acknowledged the same to be his/her act and deed.

[Signature]
NOTARY PUBLIC
My Commission Expires June 30, 1991

3' RETIREMENT SYSTEM
101, 198 Dyer Street
Providence, RI 02903

NAME JOHN SHARKEY
ADDRESS [REDACTED] CRANSTON, RI 02920
SS# [REDACTED]
DEPT. (BUREAU of AUDITS) ADMINISTRATION

1000

REQUEST TO CHANGE BENEFICIARY* DESIGNATION

Effective May 14, 1989, please change the designated beneficiary* of my retirement account from the present record to the following:

NAME KAREN I. ANJOORIAN-SHARKEY DATE OF BIRTH [REDACTED]-51
ADDRESS [REDACTED] RELATIONSHIP WIFE
CITY/STATE/ZIP CRANSTON, RI 02920 SS# [REDACTED]

NAME _____ DATE OF BIRTH _____
ADDRESS _____ RELATIONSHIP _____
CITY/STATE/ZIP _____

NAME _____ DATE OF BIRTH _____
ADDRESS _____ RELATIONSHIP _____
CITY/STATE/ZIP _____

NAME _____ DATE OF BIRTH _____
ADDRESS _____ RELATIONSHIP _____
CITY/STATE/ZIP _____

*If you wish to name a contingent beneficiary, another form is required.

DATE May 14, 1989 SIGNATURE OF MEMBER John Sharkey

State of RHODE ISLAND, City/Town of PROVIDENCE

On this 14 day of MAY, 1989, appeared before me the above-named member and executed the foregoing instrument and he/~~she~~ acknowledged the same to be his/~~her~~ free act and deed.

NOTARY PUBLIC Donald Murray
My commission expires JUNE 30, 1991

3rd RETIREMENT SYSTEM
101, 198 Dyer Street
Providence, RI 02903

NAME JOHN SHARKEY
ADDRESS [REDACTED] CRANSTON, RI 02920
SS# [REDACTED]
DEPT. (BUREAU of AUDITS) ADMINISTRATION

1000

REQUEST TO CHANGE BENEFICIARY* DESIGNATION

Effective May 14, 1989, please change the designated beneficiary* of my retirement account from the present record to the following:

NAME KAREN I. ANJOORIAN-SHARKEY DATE OF BIRTH [REDACTED]-51
ADDRESS [REDACTED] RELATIONSHIP WIFE
CITY/STATE/ZIP CRANSTON, RI 02920 SS# [REDACTED]

NAME _____ DATE OF BIRTH _____
ADDRESS _____ RELATIONSHIP _____
CITY/STATE/ZIP _____

NAME _____ DATE OF BIRTH _____
ADDRESS _____ RELATIONSHIP _____
CITY/STATE/ZIP _____

NAME _____ DATE OF BIRTH _____
ADDRESS _____ RELATIONSHIP _____
CITY/STATE/ZIP _____

*If you wish to name a contingent beneficiary, another form is required.

DATE May 14, 1989 SIGNATURE OF MEMBER John Sharkey

State of RHODE ISLAND, City/Town of PROVIDENCE

On this 14 day of MAY, 1989, appeared before me the above-named member and executed the foregoing instrument and he/~~she~~ acknowledged the same to be his/~~her~~ free act and deed.

NOTARY PUBLIC Donald Murray
My commission expires JUNE 30, 1991

Employees Retirement System of Rhode Island
40 Fountain Street, Providence, Rhode Island 02903-1854
Telephone: (401) 277-2203 / Fax: (401) 277-2430

System Code
1000

MEMBERSHIP APPLICATION

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Section A: You must complete and sign.

Name JOHN T. SHARKEY		Social Security Number [REDACTED]	
Street Address [REDACTED]		Date of Birth [REDACTED] / 55	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
City, State, Zip Code CRANSTON, RI 02920		Telephone Number	
Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced		Employer STATE OF R.I.	

Employee Status: Please check all that apply.

<input checked="" type="checkbox"/> STATE EMPLOYEE	<input type="checkbox"/> CORRECTIONAL OFFICER
<input type="checkbox"/> PUBLIC SCHOOL TEACHER	<input type="checkbox"/> POLICE AND FIRE
<input type="checkbox"/> MUNICIPAL EMPLOYEE	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> CITY COUNCIL	

Past Membership History

Employing Authority	From / To	Refund Taken
STATE OF R.I.	11/80 - 9/93	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
		yes <input type="checkbox"/> no <input type="checkbox"/>
		yes <input type="checkbox"/> no <input type="checkbox"/>

Beneficiary Designation. Please read page two before designation.

Name of Beneficiary /Estate KAREN IRENE SHARKEY	Date of Birth [REDACTED] - 57	Sex FEMALE
Address [REDACTED] CRANSTON, RI 02920	Relationship to Member WIFE	

Member Statement and Signature

I certify the above information to be true and correct and hereby accept ERSRI membership.

Signature **John T. Sharkey** Date **January 02, 1996**

Section B: To be completed by Personnel Officer.

Employee Name JOHN THOMAS SHARKEY

ERSRI Membership Unit (State Agency, School District, Municipality) and your System Code No. (please enter here and on the reverse side of this form in the upper right hand box labeled System Code) MHRH/STATE OPERATED FACILITIES SYSTEM CODE #1000
--

Position Title	Annual Salary	Hours Per Week*
SR ACCOUNTANT	26462-30269	35.0
<i>If teacher, please give certification number.</i>	Date of Hire	Deduction (6, 7, 7.75, 8.5) %
	01-21-96	

* Member must be employed on a twenty (20) hour per week basis. Only elected city council members are exempted from this requirement. **Do not enroll members who fail to meet this requirement.** Teachers may be part of a job share program and still be eligible for membership.

Statement and Signature by Personnel Officer

I certify that the above-named individual meets the stated requirements for membership in the Employees Retirement System of Rhode Island.	
Signature <u><i>Bernadette B. Kesela</i></u>	Date <u><i>1/3/96</i></u>

/ejf
revised 2/95

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OPTION SELECTION FORM
(Employees Retirement System)

Instructions: Please type or print clearly using black ink.

MEMBER INFORMATION

Name: **JOHN T SHARKEY** SSN: [REDACTED]

PLAN INFORMATION

Plan: **Employees Retirement System** Benefit Structure: **STEE**

RETIREMENT BENEFIT SELECTION

Figures given below are **ESTIMATES ONLY**, prepared to assist you in selecting a payment option. Your final benefit amount may vary, as it will be computed after verification of salary and service credit. Place your initials in the column adjoining the payment option you wish to select. Initial **ONE** choice only.

INITIALS	Type of Option	Retiree's Benefit Amount	Survivor Benefit Amount
	SRA - Service Retirement Allowance Regular monthly pension, no survivor benefit.	\$ 22,793.40	Zero
<i>JTS</i>	OPTION 1 - Joint & Survivor 100% Reduced member benefit, but survivor receives same amount. See *NOTE* below.	\$ 19,374.36	\$ 19,374.36
	OPTION 2 - Joint & Survivor 50% Reduced member benefit, but survivor receives 50% of pension amount. See *NOTE* below.	\$ 20,969.88	\$ 10,484.88
	SRA PLUS - Social Security Option (Not available for Police/Fire, disability, or Schedule B retirees) Provides increased monthly benefit until age 62, and a predetermined reduction the month following your 62 nd birthday. No survivor benefit.		Zero
	SRA Plus amount at retirement:	\$0.00	2007 AUG 29 AM 9:53 ERSRI
	SRA Plus amount with COLA at Age 62:	\$0.00	
	Less REDUCTION amount at Age 62:	-0.00	
	Reduced benefit amount, with COLA, month after 62 nd birthday:	\$0.00	

MEMBERS' STATEMENT AND SIGNATURE

I, the undersigned, certify that I understand my rights and benefits as a member of the Employees Retirement System of Rhode Island. I understand that should I elect to receive my retirement allowance under the SRA Maximum Plan or the SRA Plus Option, that upon my death, the pension will cease and my beneficiary will be entitled to only a one-time death benefit.

NOTE Further, I understand that should I choose to receive my retirement allowance under Option One or Option Two, I have the right to change my retirement option only one time, provided that I have not divorced my beneficiary at the time of the election, or am not involved in divorce proceedings.

OPTION 1 OR 2 BENEFICIARY INFORMATION TO BE COMPLETED ONLY IF SELECTING Option 1 or Option 2

** ALSO ATTACH COPY OF BENEFICIARY'S BIRTH CERTIFICATE **

Beneficiary's First Name: **KAREN** MI: **I** Beneficiary's Last Name: **ANJOORIAN**
 Beneficiary's Social Security Number: [REDACTED] Beneficiary's Date of Birth (mm/dd/ccyy): **1951**

MEMBER'S & COUNSELOR'S SIGNATURE

Signature of Member: *John Thomas Sharkey* Date (mm/dd/ccyy): **08/29/2007**
 Counselor's Signature: *Jodi Ann Stearns* Date (mm/dd/ccyy): **08/29/2007**



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OPTION SELECTION FORM
(Employees Retirement System)

Instructions: Please type or print clearly using black ink.

MEMBER INFORMATION

Name: **JOHN T SHARKEY** SSN: [REDACTED]

PLAN INFORMATION

Plan: **Employees Retirement System** Benefit Structure: **STEE**

RETIREMENT BENEFIT SELECTION

Figures given below are ESTIMATES ONLY, prepared to assist you in selecting a payment option. Your final benefit amount may vary, as it will be computed after verification of salary and service credit. Place your initials in the column adjoining the payment option you wish to select. Initial ONE choice only.

INITIALS	Type of Option	Retiree's Benefit Amount	Survivor Benefit Amount
	SRA - Service Retirement Allowance Regular monthly pension, no survivor benefit.	\$ 22,793.40	Zero
	OPTION 1 - Joint & Survivor 100% Reduced member benefit, but survivor receives same amount. See *NOTE* below.	\$ 19,374.36	\$ 19,374.36
<i>JS</i>	OPTION 2 - Joint & Survivor 50% Reduced member benefit, but survivor receives 50% of pension amount. See *NOTE* below.	\$ 20,969.88	\$ 10,484.88
	SRA PLUS - Social Security Option (Not available for Police/Fire, disability, or Schedule B retirees) Provides increased monthly benefit until age 62, and a predetermined reduction the month following your 62 nd birthday. No survivor benefit. SRA Plus amount at retirement: \$0.00 SRA Plus amount with COLA at Age 62: \$0.00 Less REDUCTION amount at Age 62: - 0.00 Reduced benefit amount, with COLA, month after 62 nd birthday: \$0.00		Zero

MEMBERS STATEMENT AND SIGNATURE

I, the undersigned, certify that I understand my rights and benefits as a member of the Employees Retirement System of Rhode Island. I understand that should I elect to receive my retirement allowance under the SRA Maximum Plan or the SRA Plus Option, that upon my death, the pension will cease and my beneficiary will be entitled to only a one-time death benefit.

NOTE Further, I understand that should I choose to receive my retirement allowance under Option One or Option Two, I have the right to change my retirement option only one time, provided that I have not divorced my beneficiary at the time of the election, or am not involved in divorce proceedings.

OPTION 1 or 2 BENEFICIARY INFORMATION - TO BE COMPLETED ONLY IF SELECTING Option 1 or Option 2

ALSO ATTACH COPY OF BENEFICIARY'S BIRTH CERTIFICATE

Beneficiary's First Name: **KAREN** MI: **I** Beneficiary's Last Name: **ANJOORIAN**
 Beneficiary's Social Security Number: [REDACTED] Beneficiary's Date of Birth (mm/dd/ccyy): **1/19/51**

MEMBER'S & COUNSELOR'S SIGNATURE

Signature of Member: *John T. Sharkey* Date (mm/dd/ccyy): **09/26/07**
 Counselor's Signature: *Jodie Ann Stevenson* Date (mm/dd/ccyy): **09/26/07**



STATE OF RHODE ISLAND
 PROVIDENCE, SC.

FAMILY COURT

KAREN IRENE ANJOORIAN :
 :
 VS. :
 :
 JOHN T. SHARKEY :

F.C. NO.: PC2-2764

DOMESTIC RELATIONS ORDER

The above-captioned matter came forth for hearing on the merits before the Honorable Master Sammartino on the 9th day of January, 2003 and, in accordance with the provisions of the Interlocutory Decision Pending Entry of Final Judgment, a Property Settlement Agreement entered into by and between the parties, the Court approves the following Domestic Relations Order:

1. This Honorable Court finds that a portion of the Participant, John T. Sharkey's, [REDACTED], East Providence, RI 02914 (social security number: [REDACTED]), accrued benefits in a certain retirement pension plan known as "EMPLOYEES RETIREMENT SYSTEM OF RHODE ISLAND" (hereinafter referred to as "PENSION PLAN") are attributable to the participation in this plan during the Participant's marriage to the Alternate Payee, Karen Irene Anjoorian, of [REDACTED], East Providence, RI 02914 (social security number: [REDACTED]) and therefore, such portion of the accrued benefits are part of the marital property of the Participant and the Alternate Payee and as such, all pension benefits accrued during the marriage shall be deemed by this Honorable Court to be marital assets in accordance with Rhode Island General Laws 15-5-16.1.

2. Accordingly, it is hereby ordered that:

- (A) Fifty-percent (50%) of Participant's accrued benefits in the PENSION PLAN, based on the period of May 14, 1989 (date of their marriage) through January 9, 2003 (date of marriage termination), is to be paid by the EMPLOYEES RETIREMENT SYSTEM OF RHODE ISLAND to the Alternate Payee, Karen Irene Anjoorian, at such time and in such manner as

permitted by and subject to, however, the rules governing the PENSION PLAN and any applicable laws and regulations.

(B) In addition, the Alternate Payee shall be awarded a proportionate pro rata share of any and all further cost of living adjustments or increases added to the pension benefits.

3. The payments to be made to the Alternate Payee hereunder shall commence at the earliest time allowable under the provisions of the PENSION PLAN and no later than the time when the Participant begins to receive benefits. The Participant shall be required to complete and execute Form OAP and shall designate the Alternate Payee as beneficiary for her proportionate share of the marital term. The Participant shall execute any and all forms necessary to maintain the Alternate Payee as the death benefit beneficiary under his retirement benefits.

4. The Participant shall be obligated to elect option two as the fifty-percent (50%) joint survivor annuity option and designate the Alternate Payee as survivor payee thereon.

5. This Order shall not required the PENSION PLAN in anyway to provide any type or form of benefit, or any option, not otherwise provided under provisions of said Plan.

6. All tax consequences of distribution and assignment of benefits to the Alternate Payee shall be the liability of the Alternate Payee.

7. This Domestic Relations Order is intended to apply to the PENSION PLAN regardless of whether the Participant shall receive a regular retirement pension or a disability benefit pension.

8. It is intended that this Order qualify as a Qualified Domestic Relations Order under the Retirement Equity Act of 1984 and the provisions hereof shall be administered and interpreted in accordance with such act.

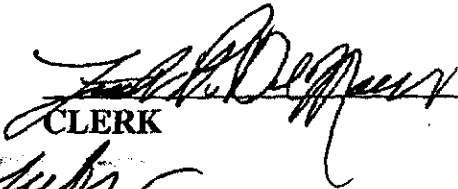

9. That Family Court retains jurisdiction to amend this Order only for the purposes of establishing or maintaining it's qualification as a Qualified Domestic Relations Order under the Retirement Equity Act of 1984; provided that no amendment of this Order shall require the Plan to provide any type or form of benefit, or any option, not otherwise provided under said Plan.

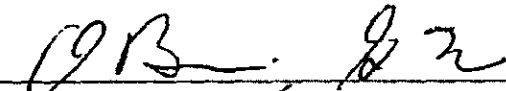
10. The Participant and the Alternate Payee are both ordered to provide the Employees Retirement System of Rhode Island with any change of address into the future which may be different from the address listed for each party in Paragraph 1 above.

ENTERED as an Order of this Honorable Court on the _____ day of _____, 2003, at _____ o'clock a.m./p.m.

ENTER:


PER ORDER:



CLERK



JUSTICE
2/7/03

APPROVED:

Presented by:


Administrator - State Employees
Retirement System


James A. Bigos, Esq. #2958
BIGOS & PARTINGTON
1725 Mendon Road, Suite 209
Cumberland, RI 02864
Tel: (401) 334-4354
Fax: (401) 334-4818

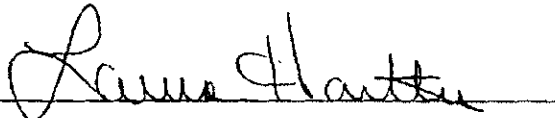
RECEIVED
FEB-7 2003

CERTIFICATION


CLERK

I hereby certify that a true copy of the Domestic Relations Order was attested to John T. Sharkey, 27 Arthur Avenue, Apt. 11, East Providence, RI 02914 on this 17 day of January, 2003.

TRUE COPY ATTEST





Employees' Retirement System of Rhode Island

ERSRI Board:

Seth Magaziner
*General Treasurer
Chair*

William B. Finelli
Vice Chair

Gary R. Alger

Daniel L. Beardsley

Frank R. Benell, Jr.

Roger P. Boudreau

Michael R. Boyce

Mark A. Carruolo

Michael DiBiase

John P. Maguire

John J. Meehan

Thomas A. Mullaney

Claire M. Newell

Louis M. Prata

Jean Rondeau

Frank J. Karpinski
Executive Director

March 4, 2015

The Employees' Retirement System of Rhode Island verifies that benefits are being or have been paid since **December 1, 2014**, as shown on the attached statement, to:

Karen Anjoorian

[REDACTED]
Greenville, RI 02828

This benefit is payable for the lifetime of the member. Further information concerning retirement benefits may be requested in writing by the recipient. Information concerning a recipient's benefit may be released to a third party only with the written consent of the benefit recipient.

Sincerely,

Employees Retirement System of Rhode Island

Enclosure



Employee Name: Karen Anjoorian
Employee #: 111404X20001
Pay Frequency: Monthly

Pay Date: 2/27/2015
Pay Period: 2/1/2015 - 2/28/2015
Deposit Advice #: 120030483
Employer Name: Employees' Retirement System of Rhode Island
Employer Phone: 401-462-7600

Employee Address
 [REDACTED]
 GREENVILLE, RI 02828

Employer Address
 50 Service Avenue, 2nd Floor
 Warwick, RI 02886

Federal Filing Status: Single
Federal Exemptions: 0/\$0.00

State Filing Status: (RI)
State Exemptions: 0/\$0.00 (RI)

	Current 2/1/2015 - 2/28/2015			YTD As of 2/28/2015	
	Hours/Units	Rate	Amount	Hours/Units	Amount
Earnings			\$ 791.26		\$ 1,582.52
Taxable Benefit			\$ 724.13		\$ 1,448.26
COLA			\$ 67.13		\$ 134.26
	Routing #	Account #	Amount		Amount
Net Pay	011500010	XXXXXXXX2535	\$ 791.26		\$ 1,582.52
			\$ 791.26		

Messages from your Employer



Employees' Retirement System of Rhode Island

40 Fountain Street Providence, RI 02903-1854 (401) 222-2203 Fax: (401) 222-2430
E-Mail: ersri@ersri.org Web Site: www.ersri.org

ERSRI Board:

July 20, 2007

Frank T. Caprio
General Treasurer
Chairman

John T Sharkey

William B. Finelli
Vice Chairman

CRANSTON, RI 02920-4554

Daniel L. Beardsley

Dear John Sharkey:

Rosemary Booth-
Gallogly

Michael R. Boyce

M. Carl Heintzelman

John P. Maguire

John J. Meehan

Louis M. Prata

Linda C. Riendeau

Jerome F. Williams

James P. Yaney

Frank J. Karpinski
Executive Director

Pursuant to your request to purchase 12.96923076 years of RFPK-Refund Payback service, enclosed please find two (2) copies of the Agreement. Please read the Agreement thoroughly before signing it. There are two (2) payment plans available to you. You must choose only one of these plans. Please indicate which payment plan you are choosing by checking off the appropriate box in Section I of the Agreement.

If you choose the Lump Sum Agreement, please return one signed copy of this Agreement and your payment to our office no later than 08/20/2007, the Payment Due Date as specified in SECTION II (A) of this Agreement. If you are retiring, the purchase cost must be paid in full prior to your termination of active employment or by 08/20/2007, whichever is earlier.

If you choose the Installment Agreement, please return one signed copy of this Agreement to our office by 08/20/2007, the Contract Start Date as specified in SECTION II (B) of this Agreement. If you choose the Installment Agreement, you must also select one of the payment options contained in Section IV of the Agreement. You must provide a signed copy of the payroll deduction authorization form to your agency's payroll department prior to the contract start date. All payments must be made by payroll deduction. Failure to comply with these requirements will void the Agreement. If you are retiring, the purchase cost must be paid in full prior to your termination of active employment or by August 20, 2007, whichever is earlier.

NOTE: If you do not wish to complete the purchase as invoiced herein, ERSRI will not rebill this purchase until one (1) year has passed from the date of the invoice, and only upon request by the member at that time. Interest charges and purchase calculation will be as of the date of request for rebilling, and not less than one year from the date of this invoice.

We will be pleased to provide you with information regarding your account. Please include your social security number, agreement number from the enclosed agreement and current address with any written request.

Sincerely,

Accounting Dept.

SECTION I - Payment Selection

- A) Lumpsum
- B) Installment Option

SECTION II - General Terms and Conditions

A) Lumpsum

This Agreement is entered into on July 20, 2007, between John T Sharkey, SS# [REDACTED] hereinafter referred to as "Member", and the Employees' Retirement System of Rhode Island, hereinafter referred to as "ERSRI."

This purchase is for 12.96923076 years of RFPK-Refund Payback service.

Identification #: 11915
 Employer: 2000
 Payment Amount: \$ 35,646.21
 Payment Due Date: 08/20/2007

Start Date	End Date	Service Credit
Sep 22, 1980	Sep 11, 1993	12.96923076

Principal Amount	\$	18,373.51
Prior Interest through 06/09/2007	\$	17,272.70

Total Amount Due by lump-sum payment	\$	35,646.21
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B) Installment Option

This Agreement is entered into on July 20, 2007, between John T Sharkey, SS# [REDACTED] hereinafter referred to as "Member", and the Employees' Retirement System of Rhode Island, hereinafter referred to as "ERSRI."

This purchase is for 12.96923076 years of RFPK-Refund Payback service.

Agreement #: 11915
 Employer: 2000
 Agreement Due Date: 08/20/2007
 Payment Amount: \$ 35,646.21

Start Date	End Date	Service Credit
Sep 22, 1980	Sep 11, 1993	12.96923076

Amount of Principal	\$ 18,373.51
Prior Interest (if applicable)	\$ 17,272.70
Subtotal =	\$ 35,646.21

Amount of Interest Due for Contract Period
 At 8.25% on unpaid balance. Based on installments

Total Due by Installments = See Section IV

SECTION III - Payment Policy

Member agrees to pay the amounts set forth as principal and interest under the "General Terms and Conditions" (A or B as selected) of this Agreement. Payment may be made by equal monthly installments. (See Section IV for Installment Options) Installment payments must be made by payroll deduction. Lumpsum payment cannot be made by payroll deduction.

SECTION IV - Installment Options

Please choose one option by checking the appropriate box. This page should be returned with a signed copy of this agreement.

- \$2,808.37 over 13 pay period(s) for 6 months totaling \$36,508.81
- \$1,433.04 over 26 pay period(s) for 12 months totaling \$37,259.04
- \$974.86 over 39 pay period(s) for 18 months totaling \$38,019.54
- \$745.96 over 52 pay period(s) for 24 months totaling \$38,789.92
- \$608.78 over 65 pay period(s) for 30 months totaling \$39,570.70
- \$517.45 over 78 pay period(s) for 36 months totaling \$40,361.10
- \$452.32 over 91 pay period(s) for 42 months totaling \$41,161.12
- \$403.58 over 104 pay period(s) for 48 months totaling \$41,972.32
- \$365.75 over 117 pay period(s) for 54 months totaling \$42,792.75
- \$335.56 over 130 pay period(s) for 60 months totaling \$43,622.80

The monetary amount of the installment options includes the following:

1. "Principal Amount" of the contributions;
2. "Regular Interest" which is defined in Rhode Island General Laws relating to the specific service being purchased (5%);
3. "Installment Interest" which is defined as the actuarial assumed rate of return (8.25%) adopted by the Retirement Board and said amount to be determined as the rate in existence at the date of the signing of the agreement.

Payroll Deduction Authorization:	
Instructions: Member – Please submit this page to your Payroll Department	
Effective Immediately, I hereby authorize my employer to deduct from my wages and remit monthly to the Employees Retirement System of Rhode Island, the amount I have selected above for its respective term.	
This payroll deduction authorization is irrevocable.	
Member Signature	Date (mm/dd/ccyy)
Member Name: John T Sharkey	SS#: [REDACTED]
Agreement ID # 11915	

SECTION V - Allocation of Payments

Upon completion of this Agreement, one hundred percent (100%) of the contributions part of the Member's payment toward the principal amount will be credited to the Member's employee contribution account. Interest will not be credited to the Member's employee contribution account. Employee contributions are refundable only upon termination of membership in ERSRI.

SECTION VI - Service Credit

Service will be credited to Member's account only upon payment in full.

SECTION VII - Termination of Agreement

- A. Failure to Pay - Default: If a payment is more than 30 days late, this agreement will be Pro-rated by default.
- B. Cancellation of Membership in ERSRI – Refund of Contributions:
If Membership is canceled in ERSRI, this Agreement will be pro-rated. Member will receive a refund of all contributions part of the payments made when he/she applies for a refund of his/her account.
- C. Retirement of Member: If Member retires, this Agreement must be paid in full prior to Member's effective date of retirement. If the Agreement is not completed before Member's effective date of retirement, ERSRI will pro-rate service for Member based upon a ratio of principal paid to "Original Amount of Principal" under the terms of this Agreement.
- D. Death of Member: If Member dies before completing the Agreement, ERSRI will pro-rate service based upon a ratio of principal paid to "Original Amount of Principal" under the terms of this Agreement.

SECTION VIII – Time

A signed copy of this agreement and the first payment must be received by ERSRI no later than the Contract Start Date of 08/20/2007 in order to be valid. Otherwise the agreement will expire.

_____ SS# [REDACTED] Date _____
 Member Signature
 Member Name: John T Sharkey



SECTION I - Payment Selection

- A) Lumpsum
- B) Installment Option

SECTION II - General Terms and Conditions

A) Lumpsum

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Total Amount Due by lump-sum payment	\$	35,646.21
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Amount of Interest Due for Contract Period At 8.25% on unpaid balance.	Based on Installments
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Total Due by Installments =	See Section IV
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- \$335.56 over 130 pay period(s) for 60 months totaling \$43,622.80

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Instructions: Member – Please submit this page to your Payroll Department	
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This payroll deduction authorization is irrevocable.	
Member Signature	Date (mm/dd/ccyy)
Member Name: John T Sharkey	SS#: [REDACTED]
Agreement ID # 11915	

SECTION V - Allocation of Payments

Upon completion of this Agreement, one hundred percent (100%) of the contributions part of the Member's payment toward the principal amount will be credited to the Member's employee contribution account. Interest will not be credited to the Member's employee contribution account. Employee contributions are refundable only upon termination of membership in ERSRI.

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SECTION VIII - Time

A signed copy of this agreement and the first payment must be received by ERSRI no later than the Contract Start Date of 08/20/2007 in order to be valid. Otherwise the agreement will expire.

_____ SS# [REDACTED] Date _____
 Member Signature
 Member Name: John T Sharkey



ERSRI

2007 AUG 20 PM 3:34 *gsh*

SECTION I - Payment Selection

- A) Lumpsum
- B) Installment Option

SECTION II - General Terms and Conditions

A) Lumpsum

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Sep 22, 1980	Sep 11, 1993	12.96923076

Principal Amount \$ 18,373.51
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Total Amount Due by lump-sum payment

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8/21/07
Dep
SM

ERSRI
2007 AUG 20 PM 3:34

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SECTION VIII - Time

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Member Signature
Member Name: John T Sharkey

SS#  Date 8/15/07

ERSRI
2007 AUG 29 PM 3:34

STEPHEN T. SHARKEY 2-93
 [REDACTED]
 WEST KINGSTON, RI 02882-0515

3245
 65-270/560

8/17/2007 Date

Pay to the Order of ERS RI \$ 35,646.21/100

Twenty five thousand six hundred forty six and 21/100 Dollars

employee #11915
 SUNTRUST ACH FT 081000104
 For John T. Sharkey [REDACTED] Stephen Sharkey

[REDACTED]

John Sharkey

Agree #11915
 (RFPE)

20cc /
 8400

Dep Sn
 8/21/07