

**NOMINATION OF BENEFICIARIES**

**INSTRUCTIONS:** Send all copies of the completed form to the above address. Copy 2 will be stamped and returned for your records. If you wish to change your beneficiary at a later date, complete a new "Nomination of Beneficiary" form. The form with the most recent date will be the only one used for settling the account. Earlier ones shall be considered void. **COMPLETE BOTH SECTIONS A AND B.** If you wish to name your estate or trustee as principal or contingent beneficiary, write "estate" or "trustee" in the "name" column, together with the proper name and address. Name of beneficiary/beneficiaries must be listed with first or given name. Example: Mrs. Mary A. Brown, not Mrs. Joseph A. Brown. This form is a legal document and may not be altered or contain erasures. **PRINT IN INK OR TYPE ALL ENTRIES.**

**A. PRINCIPAL BENEFICIARY(IES)**

In the event of my death, the full amount shall be paid as designated below. Check ONE block and list name(s), including first or given name. (See instructions.)

- Pay to one person, Estate or Trustee. (If Estate or Trustee, give executor's name and address)
- Distribute in designated percentages as shown in "Per cent" column.
- Pay to more than one person in equal shares with rights to survivor(s).

Per Cent	Name	Social Security No.	Date of Birth	Sex	Address (Street, City, State)	Zip Code

**B. CONTINGENT (Second) BENEFICIARY(IES)**

In the event of the death of the Principal Beneficiary(ies), the full amount shall be paid as designated below. Check ONE block and list name(s), including first or given name. (See instructions.)

- Pay to one person, Estate or Trustee. (If Estate or Trustee, give executor's name and address)
- Pay to more than one person in equal shares with rights to survivor(s).
- Distribute in designated percentages as shown in "Per cent" column.
- Pay to contingent beneficiaries in preferential order. Show 1st contingent, 2nd contingent, etc., in "Order" column.

Order	Per Cent	Name	Social Security No.	Date of Birth	Sex	Address (Street, City, State)	Zip Code

**GUARDIAN**

(To be listed if any beneficiary named above is under 18 years of age.)

NAME OF GUARDIAN	ADDRESS	NAME OF MINOR BENEFICIARY

**COMPLETE ALL BLOCKS BELOW**

Two witnesses are required (A witness may not be a beneficiary)

1. WITNESS SIGNATURE		2. WITNESS SIGNATURE	
ADDRESS (STREET, CITY, STATE) ZIP CODE		ADDRESS (STREET, CITY, STATE) ZIP CODE	
EMPLOYE SIGNATURE		DATE (MONTH, DAY, YEAR)	MUNICIPALITY:
EMPLOYE NAME AND ADDRESS (GIVE STREET, CITY, STATE, ZIP CODE)		SOC. SEC. NO:	MUNICIPAL CODE NO .
		FORMER NAME (Only if used by you in this system)	

NOMINATION OF BENEFICIARIES  
COMPLETION INSTRUCTIONS

Section A. Principal Beneficiary (ies)

Check the appropriate block regarding distribution. If <sup>there is</sup> one name or more than one name, enter the following information for each name.

Per Cent

Complete only if more than one beneficiary or not equal shares.

Name

Enter the name (Jane A. Doe, not Mrs. John A. Doe) of the person the member wishes to designate as the beneficiary.

Social Security Number

Enter the beneficiary's social security number.

Date of Birth

Enter the beneficiary's date of birth.

Sex

Enter "M" for male, "F" for female.

Address

Enter the exact mailing address of the beneficiary. The member is responsible for notifying the Personnel Officer if this address changes.

Section B. Contingent (Second) Beneficiary(ies)

Check the appropriate block regarding distribution. Provide the information as described in Section A with the addition of the following:

Order

Complete only if a preferential order of payment is indicated.

Guardian

Complete only if any beneficiary is under 18. Provide information as indicated.

Complete ALL Blocks Below

Complete all areas as indicated. The member must check if this is an original nomination of beneficiary or a change of beneficiary. The member must sign the legal name in ink.

NOTE: All information requested must be supplied. Incomplete, incorrect or unsigned Nominations will not be processed and will be returned to you for completion or correction.