



Retiree Designee Form

I. Member Information

NAME _____ SSN _____ EMAIL _____

ADDRESS _____ PHONE _____

SPOUSE _____ SPOUSE SSN _____ PHONE _____

All pension benefits are guaranteed for ten years. Therefore, if you and your qualified recipient, if any, die within ten years of your retirement date, a benefit may be payable to your estate or to your designees.

If you are married, your spouse is entitled to the death benefit. If your beneficiaries waive the benefit or if no beneficiary you have named is eligible to receive a monthly benefit, you choose the following individuals or entities as Primary Designees to receive a refund or lump sum benefit upon your death. You may also choose **Contingent Designees** to receive a benefit in the event all of your Primary Designees die or cease to exist before your death.

You have the option of splitting the lump sum benefit among your Primary **or** Contingent Designees. For example, you may choose one designee to receive 75% while a second receives 25%. If you leave the % column blank, the benefit will be split evenly among your designees. Contingent Designees do not receive any benefit unless **all** of your Primary Designees die or cease to exist before your death.

II. Primary Designee(s)

(if you want your primary designees to share the benefit equally, leave the % line blank)

1. NAME _____ SSN _____ BIRTHDATE _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____ % _____

2. NAME _____ SSN _____ BIRTHDATE _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____ % _____

3. NAME _____ SSN _____ BIRTHDATE _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____ % _____

4. NAME _____ SSN _____ BIRTHDATE _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____ % _____

5. NAME _____ SSN _____ BIRTHDATE _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____ % _____

6. NAME _____ SSN _____ BIRTHDATE _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____ % _____

IF YOU WOULD LIKE TO NAME ONE OR MORE CONTINGENT DESIGNEES, WHO WILL BE ENTITLED TO A LUMP SUM BENEFIT ONLY IF NO PRIMARY DESIGNEE SURVIVES YOU, PLEASE COMPLETE SIDE TWO.

Retiree Signature

MEMBER SIGNATURE _____

DATE _____



Retiree Designee Form - Side Two

III. Contingent Designee(s)

(if you want your contingent designees to share the benefit equally, leave the % line blank)

1. NAME _____ SSN _____ BIRTHDATE _____ % _____

ADDRESS _____ PHONE _____

2. NAME _____ SSN _____ BIRTHDATE _____ % _____

ADDRESS _____ PHONE _____

3. NAME _____ SSN _____ BIRTHDATE _____ % _____

ADDRESS _____ PHONE _____

4. NAME _____ SSN _____ BIRTHDATE _____ % _____

ADDRESS _____ PHONE _____

5. NAME _____ SSN _____ BIRTHDATE _____ % _____

ADDRESS _____ PHONE _____

6. NAME _____ SSN _____ BIRTHDATE _____ % _____

ADDRESS _____ PHONE _____

Retiree Signature

MEMBER SIGNATURE _____

DATE _____