



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 beneficiary, 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, listed above, will receive your 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 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)

(Do Not list your Spouse as a Designee, they are entitled to your benefit as a Beneficiary)

1. Name: SSN:

Relationship: Birthdate: % of Benefit:

Address: Phone:

2. Name: SSN:

Relationship: Birthdate: % of Benefit:

Address: Phone:

3. Name: SSN:

Relationship: Birthdate: % of Benefit:

Address: Phone:

4. Name: SSN:

Relationship: Birthdate: % of Benefit:

Address: Phone:

You must complete and sign both pages of this document.

Member Signature

Signature

Date



Retiree Designee Form - Side Two

III. Contingent Designee(s)

(Do Not list your Spouse as a Designee, they are entitled to your benefit as a Beneficiary)

1. Name: SSN:

Relationship: Birthdate: % of Benefit:

Address: Phone:

2. Name: SSN:

Relationship: Birthdate: % of Benefit:

Address: Phone:

3. Name: SSN:

Relationship: Birthdate: % of Benefit:

Address: Phone:

4. Name: SSN:

Relationship: Birthdate: % of Benefit:

Address: Phone:

Member Signature