



# DESIGNATION OF BENEFICIARY For Survivor Benefits

Date \_\_\_\_\_

**Name and Address of Pension Member (Please Print)**

Name \_\_\_\_\_ S.S # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**Name and Address of Primary Beneficiary (Please Print)**

Name \_\_\_\_\_ S.S # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

**(Please Print)**

**Additional Beneficiaries:**  Primary  Secondary **Percent** \_\_\_\_\_  
Name \_\_\_\_\_ S.S # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

**Additional Beneficiaries:**  Primary  Secondary **Percent** \_\_\_\_\_  
Name \_\_\_\_\_ S.S # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

**Additional Beneficiaries:**  Primary  Secondary **Percent** \_\_\_\_\_  
Name \_\_\_\_\_ S.S # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

**Additional Beneficiaries:**  Primary  Secondary **Percent** \_\_\_\_\_  
Name \_\_\_\_\_ S.S # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

Member  
Sign Here X \_\_\_\_\_ Witness X \_\_\_\_\_

Spouse  
Sign Here X \_\_\_\_\_ Witness X \_\_\_\_\_