



Retiree Designee Form

I. Member Information

NAME _____ SSN _____ EMAIL _____

ADDRESS _____ PHONE _____

SPOUSE _____ SPOUSE SSN _____ SPOUSE BIRTHDATE _____

If the beneficiary(ies) I have named waive the benefit or if no beneficiary I have named is eligible to receive a monthly benefit, I choose the following individuals or entities as Primary Designees to receive a lump sum benefit upon my death. I may also choose Contingent Designees to receive a benefit in the event all of my Primary Designees die or cease to exist before my death.

You have the option of designating a percentage of the lump sum benefit for each section - Primary or Contingent designee. If you decide to designate a percentage the total for each section must equal 100%. For example, you may choose one Primary designee to receive 75% while a second primary designee receives 25%. If you leave the % 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.

Signature - You must sign this section in the presence of an adult witness who is not named as a beneficiary or designee.

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 _____ 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 _____ % _____

Member Signature

MEMBER SIGNATURE _____

DATE _____