

## REQUEST FOR CHANGE OF BENEFICIARY FORM

Please assign each beneficiary a priority number, which represents the order in which they are entitled to receive benefits. If you wish beneficiaries to share in benefits, assign them the same priority number, and also designate the percent of the benefits you wish each to receive. The percents of all beneficiaries with the same priority number must add up to 100%.

MEMBER INFORMATION		
Member	S.S.#	Employee Number
<input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED <input type="checkbox"/> DEFERRED/INTERSYSTEM		
Present Department	Present Position of Member	Work Phone: Home Phone:

BENEFICIARY INFORMATION			
Name: First	Middle	Last	Birth Date (mo/day/year)  / /
Relationship to Member		Priority #	Percent
Beneficiary's Address	City	State	Zip Code
Name: First	Middle	Last	Birth Date (mo/day/year)  / /
Relationship to Member		Priority #	Percent
Beneficiary's Address	City	State	Zip Code
Name: First	Middle	Last	Birth Date (mo/day/year)  / /
Relationship to Member		Priority #	Percent
Beneficiary's Address	City	State	Zip Code

**I understand that these changes cancel all previous beneficiary designation.**

\_\_\_\_\_  
Signature of Member (Must be Notarized)

\_\_\_\_\_  
Date