

(Please print or type)

(1) NAME: _____ (2) SOCIAL SECURITY NO.: _____

(3) BIRTHDATE: _____ (4) SEX: Male Female

(5) I hereby designate the following as my beneficiaries under the Plan, and reserve the right to change or revoke such designation at any time: (See suggested wordings on reverse side; use only given names.)

A. Primary Beneficiary(ies)	Address	Relationship to you

B. Contingent Beneficiary(ies) (To receive benefits in case person(s) listed above are deceased.)

(6) Are you a member of any other retirement system established by ordinance, State Statute, or otherwise (other than Social Security)? Yes No

I understand that participation in the Retirement Plan is a condition of my employment and that payroll deductions in the amount provided in the Plan will be made beginning with the payroll which is coincident with or next following my completion of thirteen, complete, bi-weekly pay periods as computed from date of initial, full-time employment. The above statements are true to the best of my knowledge and belief.

Dated at _____ this _____ day of _____, 20 _____

Signature of Participant _____

FOR OFFICE USE ONLY:

DATE OF INITIAL, FULL-TIME EMPLOYMENT: _____

DATE OF FIRST PAYROLL DEDUCTION: _____

PROCESSED BY: _____ DATE: _____

SUGGESTED BENEFICIARY DESIGNATIONS

1. ONE NAMED BENEFICIARY ONLY: Mary E. Doe, wife.
NOTE: A married woman should be designated by her own given name and should not be designated as “Mrs. Joe J. Doe.”
2. TWO NAMED BENEFICIARIES (EQUAL AMOUNTS): John H. and Mary E. Doe, parents, equally or survivor.
3. THREE OR MORE NAMED BENEFICIARIES (EQUAL AMOUNTS): John H. and Mary E. Doe, parents, and Joan J. Doe, sister, equally or survivor.
4. PRIMARY AND CONTINGENT NAMED BENEFICIARIES: Mary E. Doe, wife, if living, otherwise John and Jane, children, equally or survivor.
5. TO NAME ESTATE AS BENEFICIARY: Estate
6. Please download the beneficiary form, complete, sign and return to James Hayden, NCERP Coordinator at the Cosand Center, Human Resources Department.

If more than one beneficiary is designated, the benefits or sums payable because of my death shall be paid in equal share to the designated beneficiaries (or beneficiary) who survive me. If no designated beneficiary survives me, payment will be made to my estate.