



### Written Nomination of Beneficiary \$5,000 Retiree Death Benefit

Type or print in ink.

#### SECTION 1: RETIREE INFORMATION

FIRST NAME:	MI:	LAST NAME:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:

NEW ADDRESS?    YES    NO

MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:
HOME ADDRESS:	CITY:	STATE:	ZIP CODE:
HOME PHONE:	CELL PHONE:	EMAIL ADDRESS:	

#### SECTION 2: BENEFICIARY INFORMATION

##### PRIMARY BENEFICIARY

FIRST NAME:	MI:	LAST NAME:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:
BENEFIT PERCENT:	MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:
	HOME ADDRESS:	CITY:	STATE:	ZIP CODE:
HOME PHONE:	CELL PHONE:	E-MAIL ADDRESS:	RELATIONSHIP:	

##### BENEFICIARY #2                      PRIMARY                      CONTINGENT

FIRST NAME:	MI:	LAST NAME:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:
BENEFIT PERCENT:	MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:
	HOME ADDRESS:	CITY:	STATE:	ZIP CODE:
HOME PHONE:	CELL PHONE:	E-MAIL ADDRESS:	RELATIONSHIP:	

##### BENEFICIARY #3                      PRIMARY                      CONTINGENT

FIRST NAME:	MI:	LAST NAME:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:
BENEFIT PERCENT:	MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:
	HOME ADDRESS:	CITY:	STATE:	ZIP CODE:
HOME PHONE:	CELL PHONE:	E-MAIL ADDRESS:	RELATIONSHIP:	



**RETIREE INFORMATION – PAGE 2**

<b>FIRST NAME:</b>	<b>MI:</b>	<b>LAST NAME:</b>	<b>DATE OF BIRTH:</b>	<b>SOCIAL SECURITY NUMBER:</b>

<b>BENEFICIARY #4</b>		<b>PRIMARY</b>	<b>CONTINGENT</b>		
<b>FIRST NAME:</b>	<b>MI:</b>	<b>LAST NAME:</b>	<b>DATE OF BIRTH:</b>	<b>SOCIAL SECURITY NUMBER:</b>	
<b>BENEFIT PERCENT:</b>	<b>MAILING ADDRESS:</b>		<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>
	<b>HOME ADDRESS:</b>		<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>
<b>HOME PHONE:</b>	<b>CELL PHONE:</b>	<b>E-MAIL ADDRESS:</b>		<b>RELATIONSHIP:</b>	

<b>BENEFICIARY #5</b>		<b>PRIMARY</b>	<b>CONTINGENT</b>		
<b>FIRST NAME:</b>	<b>MI:</b>	<b>LAST NAME:</b>	<b>DATE OF BIRTH:</b>	<b>SOCIAL SECURITY NUMBER:</b>	
<b>BENEFIT PERCENT:</b>	<b>MAILING ADDRESS:</b>		<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>
	<b>HOME ADDRESS:</b>		<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>
<b>HOME PHONE:</b>	<b>CELL PHONE:</b>	<b>E-MAIL ADDRESS:</b>		<b>RELATIONSHIP:</b>	

**SECTION 3: REQUIRED SIGNATURES**

*I hereby nominate the above-named beneficiary to receive a \$5,000 death benefit at the time of my death and upon receipt of a photocopy of my final certified death certificate.*

***This revokes any and all previous beneficiaries nominated for this benefit.***

**Applicant Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(other than named beneficiary)