



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

Type or print in ink.

#### SECTION 1: RETIREE INFORMATION

FIRST NAME:	MI:	LAST NAME:	SEX:	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:	SEX:	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:	SEX:	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:	SEX:	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

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

<b>BENEFICIARY #4</b> <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT					
FIRST NAME:	MI:	LAST NAME:	SEX:	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:	

<b>BENEFICIARY #5</b> <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT					
FIRST NAME:	MI:	LAST NAME:	SEX:	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:	

## SECTION 3: REQUIRED SIGNATURES

*I hereby nominate the above-named beneficiary(ies) 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)