

RETIREE NAME

_____ MI _____
 Last Name First Name

ELIGIBLE DEPENDENT INFORMATION

1. _____ MI _____ Gender _____
 Last Name First Name
 _____/_____/_____
 Social Security Number Date of Birth (mm/dd/yyyy) Relationship to Retiree

2. _____ MI _____ Gender _____
 Last Name First Name
 _____/_____/_____
 Social Security Number Date of Birth (mm/dd/yyyy) Relationship to Retiree

3. _____ MI _____ Gender _____
 Last Name First Name
 _____/_____/_____
 Social Security Number Date of Birth (mm/dd/yyyy) Relationship to Retiree

4. _____ MI _____ Gender _____
 Last Name First Name
 _____/_____/_____
 Social Security Number Date of Birth (mm/dd/yyyy) Relationship to Retiree

DESIGNATED BENEFICIARY:

A surviving designee will become eligible to claim benefits on the first day following the death of an Eligible Retiree. If you wish to limit which designee shall be eligible to claim benefits, you may do so here. It is my instruction that _____(name of specified designee) be the only designee eligible to claim benefits. **Please print below. If no percentages are indicated, benefits will be divided equally between all designees.**

Full Name and Address of Designee	Percentage (must total 100%)	Date of Birth	Relationship to Retiree