

ACTIVE MEMBER INFORMATION AND BENEFICIARY DESIGNATION FORM

Your designations here apply **ONLY** to your Retirement Systems benefits. Please print clearly and retain a copy for your records.

1. INFORMATION ABOUT YOU

Full Name (Last, First, MI):		Serial Number:
Street Address:	Apartment/Unit#	SSN (last 4): XXX-XX-____
City, State, Zip:		
Primary Phone:	Alternate Phone:	Date of Birth:
Personal Email Address::		

2. SPOUSE AND DEPENDENT CHILDREN

Spouse Name (Last, First, MI):		
Date of Birth:	Date of Marriage:	Phone Number:

If you are married, your spouse is automatically your primary beneficiary.

Names of Dependent Children** (Law enforcement only)	Date of Birth (mm/dd/yyyy)

**Dependent children are defined as biological or adopted children under the age of 18 (or over the age of 18 if physically or mentally incapacitated from earning wages). Please list additional dependent children on back.

3. CONTINGENT BENEFICIARY

In the event there is no living spouse or eligible dependent children at my death, I hereby designate the following person as the beneficiary to be paid the lump sum of my accumulated member contributions. *(Please complete all fields)*

Full Name:	Relationship:
Address:	
City, State, Zip:	
Phone:	Email

4. REQUIRED SIGNATURE

By submitting this form, I hereby revoke all prior designations (if any) of primary and contingent beneficiary designations.

Participant Signature	Date (mm/dd/yyyy)
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