



Retiree/Survivor Beneficiary Information Form

Retiree/Survivor Information

Plan Membership (please check)

Police Civilian

Name: _____

Date of Birth: _____ Serial #: _____ SSN (last 4): xxx-xx-_____

Street Address: _____ Apt/Unit #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

E-Mail: _____

Spouse's Name: _____

Spouse's Date of Birth: _____ Date of Marriage: _____

Dependent Information

Names of Dependant Children:	Dates of Birth:

Beneficiary Information

If no benefits are otherwise payable to a surviving spouse or child listed above, the beneficiary designated below shall be paid any remaining amounts due under the provisions of sections 86.900 to 86.1280 or 86.1310 to 86.1640 RSMo.

Name: _____

Street Address: _____ Apt/Unit #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Relationship: _____

Retiree/Survivor Signature

Signed: _____ Date: _____