

# DESIGNATION OF BENEFICIARY

IMPORTANT INFORMATION					
A. This designation may be changed at any time.			D. This designation revokes any prior designations.		
B. A new designation should be filed if you become married, divorced, or if your spouse or other beneficiary dies.			E. Corrections to this document are not accepted and will be returned as incomplete.		
C. Shares of benefit (section 3 or 4) will be assigned equally if not otherwise specified.			F. You must sign and date this form and it must be signed by a witness that is not a designated beneficiary.		
Section 1: Member Information					
Full Name:					
SSN:			Department:		
Section 2: Spouse Information					
<i>Are you currently married: YES or NO. If yes, complete this section. A surviving spouse is considered your primary beneficiary.</i>					
Full Name:			SSN:		
Section 3: Secondary Beneficiaries					
<i>Benefits will be paid to the secondary beneficiaries indicated here if there is no surviving spouse at date of your death.</i>					
BENEFICIARY NAME	RELATIONSHIP	SHARE	BENEFICIARY NAME	RELATIONSHIP	SHARE
1.			4.		
2.			5.		
3.			6.		
Section 4: Contingent Beneficiaries					
<i>Benefits will be paid to the beneficiaries indicated here if there is no surviving spouse or secondary beneficiary at date of your death.</i>					
BENEFICIARY NAME	RELATIONSHIP	SHARE	BENEFICIARY NAME	RELATIONSHIP	SHARE
1.			4.		
2.			5.		
3.			6.		
Section 5: Signature & Witness					
MEMBER SIGNATURE & DATE			WITNESS SIGNATURE & DATE (May not be witnessed by a designated beneficiary)		
			WITNESS FULL NAME & ADDRESS		

For Office Use Only	Office#
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**GF-0004**