DESIGNATION OF BENEFICIARY

Office #

		IM	PORTANT	INFORMATION						
A. This designation may be B. A new designation should or if your spouse or other be C. Shares of benefit (section otherwise specified. If specified.	d be filed if y eneficiary die n 3 or 4) will	you become married, os. be assigned equally i	f not	E. You must sign ar is not a designated b	revokes any prior design nd date this form and it beneficiary. The your spouse, your fo	must be signed by a w				
MEMBER INFOR	MATIO	N								
Full Name:					SSN:					
Current Marital Status:		MARRIED	☐ CIVIL	UNION 🗆 1	DIVORCED/WIDOWED	□ NEVER MARI	RIED			
SPOUSE INFORM	IATION	A surviving s _I	ouse or ci	vil union partner	is considered your	primary beneficia	ary.			
Spouse's Full Name:	100 % Spouse's SSN: (If Available)									
NEXT BENEFICIA	ARY AF	TER SPOUSE								
BENEFICIARY NAME		RELATIONSHIP	SHARE	BENEFICIARY NA	AME	RELATIONSHIP	SHARE			
CONTINGENT BI	ENEFICI	ARIES	1	ı			ı			
BENEFICIARY NAME		RELATIONSHIP	SHARE	BENEFICIARY NA	AME	RELATIONSHIP	SHARE			
MEMBER SIGNA	TURE									
MEMBER										
SIGNATURE REQUIRED	Member Signature – (Cannot be signed by an Agent or by a person with Power of Attorney) Date									
WITNESS This form										
WIIILDS This form	MOSI DC S	signed by a withess.	, who <u>was i</u>	<u>1101</u> be a spouse	of any of the benefic	iaries fisied above.				
WITNESS	Printed Witness Name Wit			tness Signature		Doto				
SIGNATURE & ADDRESS				mess Signature		Date	Date			
REQUIRED	Witness Address									
	City			State		Zip				