## **DESIGNATION OF BENEFICIARY**

Read instructions on the BACK prior to completing form.

Sections marked by an asterisk (\*) are required sections and must be completed.



Office #

## THIS IS A LEGAL DOCUMENT. PLEASE PRINT CAREFULLY. FORMS THAT ARE INCOMPLETE OR INCORRECTLY COMPLETED WILL NOT BE ACCEPTED.

*MEMBER INFORMATION This section must be filled out completely.												
Full Name:					SSN:							
Current Marital Stat	us:	MARRIED	☐ CIVIL	UNION 🗆 D	IVORCED/WIDOWED	□ NEVER MAR	RIED					
*SPOUSE INFORMATION A surviving spouse or civil union partner is considered your <u>PRIMARY</u> beneficiary.												
Spouse's Name:			S	hare: <b>100</b> %	Spouse's SSN (If Avai	ilable):						
*BENEFICIARY INFORMATION Divorced, widowed, unmarried? List who should get your death benefit here.												
BENEFICIARY NA	ME	RELATIONSHIP	SHARE	BENEFICIARY N	AME	RELATIONSHIP	SHARE					
1.				5.								
2.				6.								
3.				7.								
4.				8.								
CONTINGENT BENEFICIARY INFORMATION												
BENEFICIARY NAME		RELATIONSHIP	SHARE	BENEFICIARY NAME		RELATIONSHIP	SHARE					
1.				3.								
2.				4.								
*MEMBER SIGNATURE												
MEMBER SIGNATURE												
REQUIRED	Mombon Signature (Cannot be signed by an Agent unless authorized to name beneficiaries in Date											
*WITNESS This form MUST be signed by a witness, who IS NOT your spouse or any of the beneficiaries listed above.												
		0	<u></u>	<u></u> , , -	,							
WITNESS SIGNATURE	Printed Witness Name		Witness Signature			Date (same as above)						
& ADDRESS REQUIRED	Witness Address											
	City			State	Zip							

## INSTRUCTIONS

This is a legal document. Please print carefully when completing. Forms that are incomplete or incorrectly completed will not be accepted. Please do not scratch out or white out information, corrected forms will not be accepted. All beneficiary forms need to be received and approved by the Cook County Pension Fund ("the Fund") prior to death in order to be valid. Forms are available at

www.cookcountypension.com.

*MEMBER INFORMATION This section must be filled out										
Full Name:	^	SSN:								
Current			VI.		□ NEVE	ER				
*SPOUSE INFORMATION A surviving spouse or civil union partner										
Spouse's Name:	10 0 %	Spouse's SSN (If Available):								
*BENEFICIARY INFORMATION Divorced, widowed, unmarried?										
BENEFICIARY	RELATIO	SH	BENEFICIA	RY NAME	RELATIO	SH				
1.										
2.			6							
3.			7.							
4.			8.							

- **A. MEMBER INFORMATION** REQUIRED Please enter your full name and Social Security number in this section and check your current marital status.
- **B. SPOUSE INFORMATION** REQUIRED If you are currently married, enter your spouse's full name and Social Security number in this section. In accordance with state law, your spouse is your primary beneficiary.
- **C. BENEFICIARY INFORMATION** REQUIRED If you are not married, any person or organization you list as a beneficiary may be entitled to death benefits. If you list two or more beneficiaries, their shares of the benefit must add up to 100%. This section is optional if you are married but you are strongly encouraged to complete it in case your spouse predeceases you.
- **D. CONTINGENT BENEFICIARY INFORMATION** (**not pictured**) OPTIONAL In the event the beneficiaries you listed predecease you, your contingent or back-up beneficiary may be entitled to death benefits. If you list two or more beneficiaries, their shares of the benefit must add up to 100%.
- **E. MEMBER SIGNATURE** (**not pictured**) REQUIRED Please sign and date. (Cannot be signed by an Agent unless authorized to name beneficiaries in Power of Attorney. If you are signing as Power of Attorney please include a copy of the Power of Attorney if it has not already been submitted to the Fund.)
- **F. WITNESS** (**not pictured**) REQUIRED The witness must include their printed name, signature, date, and complete address. The witness **cannot** be your spouse or any of the beneficiaries listed on the form.

## ADDITIONAL INFORMATION

- Your designation of beneficiaries may be changed at any time by completing a new form. Forms are available on at <a href="https://www.cookcountypension.com">www.cookcountypension.com</a>.
- A new Designation of Beneficiary form should be completed for any of the following life events, marriage, divorce, births, and death.
- Each new Designation of Beneficiary revokes any prior designations.