

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 <i>This section must be filled out</i>					
Full Name:			SSN:		
Current		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NEVER
*SPOUSE INFORMATION <i>A surviving spouse or civil union partner</i>					
Spouse's Name:			100%		Spouse's SSN (If Available):
*BENEFICIARY INFORMATION <i>Divorced, widowed, unmarried?</i>					
BENEFICIARY	RELATIO	SH	BENEFICIARY NAME	RELATIO	SH
1.					
2.					
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 at www.cookcountypension.com.
- 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.