

MEMBER DATA AND DESIGNATION OF BENEFICIARY

In accordance with the provisions of the County Pension Law, Act No. 96 of 1971 as amended, I hereby nominate*:

PRIMARY

NAME & RELATIONSHIP	SOCIAL SECURITY NUMBER	BIRTH DATE
ADDRESS		ZIP CODE

CONTINGENT

NAME & RELATIONSHIP	SOCIAL SECURITY NUMBER	BIRTH DATE
ADDRESS		ZIP CODE

CONTINGENT

NAME & RELATIONSHIP	SOCIAL SECURITY NUMBER	BIRTH DATE
ADDRESS		ZIP CODE

The person or persons to receive, if living, the amount outstanding to my credit in the Members' Annuity Reserve Account of the County Employees' Retirement System in the event of my death before retirement, or to receive the Death Benefit if applicable.

NAME OF MEMBER	DATE OF BIRTH	SEX
SOCIAL SECURITY NUMBER	MAILING ADDRESS	ZIP CODE
DATE	SIGNATURE OF MEMBER	

WITNESS

*If more than one beneficiary is designated it must be made clear how the amount payable to them is to be divided; or, primary beneficiary (ies) may be designated with contingent beneficiary (ies) indicated. The beneficiary designated must be one who has an insurable interest, or your Estate.