

**DESIGNATION OF BENEFICIARY  
FOR UNUSED CONTRIBUTIONS AND ACCRUED PAYMENTS**

I, \_\_\_\_\_, Social Security # \_\_\_\_\_,  
(Print your name)

in the event of my death, hereby designate the following primary beneficiary(ies) to receive the portion of my retirement contributions, if any, that remains *unused* upon the date of my death, and any *accrued* monthly retirement allowance (my prorated allowance for the month of my death) that is due but that remains unpaid upon the date of my death, except that, if my spouse/domestic partner survives me, my accrued allowance is to be paid to him/her.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_ Social Security # (optional) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_ Social Security # (optional) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

*(Unless you indicate otherwise when you designate your primary beneficiaries, your unused contributions and accrued payments will be paid in equal shares to any primary beneficiaries who survive you.)*

To name additional primary or secondary beneficiaries, initial here \_\_\_\_\_ and fill out the back of this form.

If the primary beneficiary(ies) named above are deceased, I then designate the following secondary beneficiary(ies):

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_ Social Security # (optional) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

**I understand that, if I retired on a life annuity, no contributions will be refunded upon my death.**

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SPOUSAL CONSENT TO THIS DESIGNATION (Domestic Partners do not need to sign this designation)**

I, \_\_\_\_\_ hereby join in the above designation and request that payment  
(Print name of Spouse)

be made in accordance therewith.

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

**DESIGNATION OF BENEFICIARY**  
**FOR UNUSED CONTRIBUTIONS AND ACCRUED PAYMENTS**  
**(Continued From Page 1)**

**Additional Primary Beneficiaries** (Complete this section only if you want to name more primary beneficiaries than you had room to list on the front of this form. If you complete this section, please sign the bottom of this page.):

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_ Social Security # (optional) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_ Social Security # (optional) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_ Social Security # (optional) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

**Additional Secondary Beneficiaries** (Complete this section only if you want to name more secondary beneficiaries than you had room to list on the front of this form. If you complete this section, please sign the bottom of this page.):

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_ Social Security # (optional) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_ Social Security # (optional) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_