

**DESIGNATION OF BENEFICIARY
FOR COMMUNITY PROPERTY
(FOR NON-MEMBER FORMER OR SEPARATED SPOUSE WITH "IN-KIND" ORDER)**

I, _____, Social Security # _____ - _____ - _____,
(Print your name)

am receiving or entitled to receive my community property share of the retirement allowance/contributions of
_____, Social Security # _____ - _____ - _____ and/or
(Your ex-spouse's name)

the retirement allowance of his/her survivor, if applicable.

I hereby designate the following primary beneficiary(ies) to receive my community property share in the event of my death including any accrued allowance:

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 community property share 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 _____

Signature _____ Date _____

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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):

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):

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 _____