

Registrars of Voters Employees' Retirement System

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BENEFICIARY INFORMATION

Name of Retiree: _____ SSN of Retiree: _____

In the event of my death, prior to receiving my DROP distribution, I wish to have my money sent and disbursed to the following beneficiary (ies). Additional beneficiaries may be listed on the bank of this form. Each beneficiary must be accompanied by a copy of his/her Social Security Card, and Birth Certificate.

NAME _____
ADDRESS _____
CITY/ZIP _____
DATE OF BIRTH _____
SSN _____
Relationship to Retiree _____
% of Distribution _____

NAME _____
ADDRESS _____
CITY/ZIP _____
DATE OF BIRTH _____
SSN _____
Relationship to Retiree _____
% of Distribution _____

NAME _____
ADDRESS _____
CITY/ZIP _____
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CITY/ZIP _____
DATE OF BIRTH _____
SSN _____
Relationship to Retiree _____
% of Distribution _____

RETURN THIS FORM TO THE RETIREMENT OFFICE FOR PROCESSING

If you should have any questions, please feel free to contact the Retirement Office at any of the above addresses. Telephone, Fax, Email, Regular Mail

I have read and understand the options made available to me for my retirement funds at my death.

Signature

Date of Signature

Social Security #

As a spouse, I am fully aware and understand that the above mentioned individual has made her option selection known to me for the disbursement of DROP funds upon his/her death.

Signature of Spouse

Date of Signature

Social Security #

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC