

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 *: * Date of Birth if only one Primary Listed: _____

Name	Social Security Number	Sex
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Address	Zip Code
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Name	Social Security Number	Sex
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Address	Zip Code
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Name	Social Security Number	Sex
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Address	Zip Code
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The person or persons to receive, if living, the amount standing 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
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Social Security Number	Mailing Address
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	Zip Code
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Date	Signature of Member
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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.**