

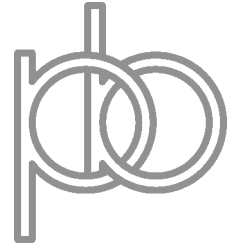
The Pension Boards

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Annuity Fund Beneficiary Designation

PERSONAL INFORMATION		
Social Security number	Name (last, first, middle initial)	
Address (number and street)	City/State/ZIP	Telephone number (with area code) () -
E-mail address @	Date of birth (month/day/year) / /	Member ID number
BENEFICIARY DESIGNATION		
Primary Beneficiary <i>I hereby designate the following as Primary Beneficiary(ies). If more than one is designated, each surviving Primary Beneficiary shall share in the proportion indicated. If no percentage is indicated, each shall share equally. Payment will be made directly to the Beneficiary(ies) shown below. (Please attach an additional sheet, if needed.)</i>		
Social Security number	Name (last, first, middle initial)	
Address (number and street)	City/State/ZIP	
Date of birth (month/day/year) / /	Relationship	Percentage share %
Additional Primary Beneficiary(ies) <input type="checkbox"/> (check box if applicable and list information on reverse)		
Secondary Beneficiary <i>I hereby designate the following as Secondary Beneficiary(ies). If more than one is designated, each surviving Secondary Beneficiary shall share in the proportion indicated. If no percentage is indicated, each shall share equally. Payment will be made directly to the Beneficiary(ies) shown below. (Please attach an additional sheet, if needed.)</i>		
Social Security number	Name (last, first, middle initial)	
Address (number and street)	City/State/ZIP	
Date of birth (month/day/year) / /	Relationship	Percentage share %
Additional Secondary Beneficiary(ies) <input type="checkbox"/> (check box if applicable and list information on reverse)		

