

Beneficiary Acknowledgement Form

The undersigned beneficiary acknowledges that they shall, at all times, be subject to the terms and conditions specified by the Pension Boards. These terms and conditions may be amended, modified, or supplemented at any time at the so discretion of the Pension Boards.
Beneficiary Name:
Beneficiary Signature:
Date:
Please complete and submit this form with any corresponding form(s) to the Pension Boards.