

**SPOKANE EMPLOYEES' RETIREMENT SYSTEM
CHANGE IN BENEFICIARY**

Name _____ Employee # _____ Social Security No. _____

The Spokane Employees' Retirement System is hereby notified that for the purposes of Ordinance No. C7540, I hereby revoke any and all previously nominated beneficiaries and hereby nominate and designate the following as the beneficiary/beneficiaries to whom I authorize and direct the Board of Administration to pay all benefits and/or contributions which may be payable because of my death.

Name	Social Security Number	Date of Birth	Relationship	Address	% (Whole number only)

In the event that the aforementioned beneficiary/beneficiaries predecease me or die within seven (7) days after my death, then and in that event, I hereby nominate and designate the following as my beneficiary/beneficiaries.

Name	Social Security Number	Date of Birth	Relationship	Address	% (Whole number only)

Should none of the aforementioned beneficiaries survive me as aforesaid, the Board of Administration is authorized and directed to pay all of the accumulated contributions which may be payable because of my death to the Personal Representative of my estate.

This Change in Beneficiary nomination and designation shall be effective when received by the office of the Employees' Retirement System. Any and all previous beneficiary designations or changes thereof are hereby revoked, and the executed forms related thereto may be removed from my records.

Member Signature: _____ Date: _____

Community Property States (AZ, CA, ID, LA, NV, NM, TX, WA or WI): A member living in a community property state must designate his/her spouse as the primary beneficiary for at least 50% of the account, unless the spouse waives his/her right by consenting to an alternative beneficiary designation. By signing below, you (the member's spouse) are consenting to the benefit percentage specified below and the member's beneficiary designation listed above.

Spousal Consent and Acknowledgement: By signing below, I agree to waive my beneficiary rights in my spouse's retirement plan account, and consent to 1) receive the benefit percentage specified below, and 2) the beneficiary designation listed above. I understand this waiver will result in some or all of my spouse's death benefit being paid to someone other than me. I further understand that future changes to my spouse's beneficiary designations will not be valid unless I consent to any such changes.

Spouse Benefit Percentage (whole % only): _____% (This percentage should match the percentage, if any, specified above. Write '0' if applicable.)

Spouse Signature: _____ Date: _____

To be completed by a notary public

On this day personally appeared before me _____ & _____, to me known to be the individual(s) described in, and who executed the within and foregoing Change of Beneficiary document, and acknowledged that they executed the said instrument as their free and voluntary act and deed.

Given under my hand and official seal this _____ day of _____, 20_____.

Notary Public in and for the State of Washington,

Residing at _____

My Commission expires _____

Please return form to: Spokane Employees' Retirement System
808 W Spokane Falls Blvd Ste 604
Spokane WA 99201-3324