

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.

| P r i m a r y | Name | Relationship | Address | Social Security # |
|---------------------------------|------|--------------|---------|-------------------|
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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.

| S e c o n d a r y | Name | Relationship | Address | Social Security # |
|---|------|--------------|---------|-------------------|
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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.

The Change of 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: _____

To be completed by a notary public

On this day personally appeared before me _____, to me known to be the individual described in, and who executed the within and foregoing Change of Beneficiary document, and acknowledged that he/she had executed the said instrument as his/her 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.
Spokane, WA 99201-3324