

EE #: _____ (For Office Use Only)

Spokane Employees' Retirement System Change in Retiree's Beneficiary

Retiree's Name (Please print): _____ Option: _____ *

Employee or SS #: _____ Phone #: _____

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

Former Beneficiary (Please print): _____

Date of Birth _____ SS#: _____ Relationship _____

New Beneficiary (Please print): _____

Date of Birth _____ SS#: _____ Relationship: _____

The Change of Beneficiary nomination and designation shall be effective when received by the office of the Spokane Employees' Retirement System. Any and all previous beneficiary designations or changes are hereby revoked.

Retiree's 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 Retiree's 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 _____

Residing at _____

My Commission expires _____

***Note:** The beneficiary cannot be changed on the 'D' or 'E' Option.