

Member Information

Retirement Assistant

ACTIVE EMPLOYEE Gwinnett Retirement System Pension Designation of Beneficiary

Please Print							
Employee ID Number		Social Sec	Social Security Number				
Last Name		First Name	e		Middle / Maiden Name		
Street		Apartme	nt # or PO Box	City	State	Zip	
						4 Diale	
Phone number	Month/Day/Ye	ear of Employment	Title of Position		Gender Date of	or Birth	
Phone number Marital Status O Single Spousal Information Please Print		ear of Employment	Title of Position		Gender Date o		
Marital Status O Single Spousal Information		First Name (Spous		_	Gender Date of Middle / Maiden Name		
Marital Status O Single Spousal Information Please Print						%	

If you designate your spouse as your sole primary beneficiary, your spouse is eligible to receive a death benefit payable as a lifetime income of 50% of the GRS retirement benefit payable to you at the time of your death, provided you were married to your spouse for at least one year prior to death. Otherwise, your selected beneficiary is eligible to receive a death benefit equal to the GRS Plan retirement benefit payable to you at the time of your death in monthly installments for ten years. If multiple beneficiaries are selected, they will receive a percentage of the benefit, total for all beneficiaries equaling 100%.

SEE BACK OF FORM TO COMPLETE		
	signate your spouse as your sole primary beneficiary, or are choosing ficiary (ies) Designation section on the back of this form.	
Member Signature	Date	_
Date Completed	For office use only	

Employee ID Number	Social Security Number	er				
Last Name	First Name			Midd	lle / Maiden Name	
	Primary and Multiple Benefic					
Procee Please Print	ds will not be paid to beneficiar	y (ies)	under 18	8 years of	age	
1.						-
Name of beneficiary	Date of Birth		Gender	Relati	onship to me	
Street	Apartment Number or PO Box	City		State	Zip	
						%
Social Security Number	Phone Number			Perc	entage of benefit to	be paid
2.						
Name of beneficiary	Date of Birth		Gender	Relatio	onship to me	-
		. —				
Street	Apartment Number or PO Box	City		State	Zip	
						0/
Social Security Number	Phone Number			Perc	entage of benefit to	% be paid
Social Security Number	Phone Number			Perc	entage of benefit to	
	Secondary Beneficiary (i	-	-	n	-	
*Procee		-	-	n	-	
*Procee	Secondary Beneficiary (i	-	-	n	-	
Procee Please Print	Secondary Beneficiary (i ds will not be paid to beneficiar	-	under 14	n 8 years of : 	age	
*Procee Please Print	Secondary Beneficiary (i	-	-	n 8 years of : 	-	
Procee Please Print	Secondary Beneficiary (i ds will not be paid to beneficiar	-	under 14	n 8 years of : 	age	
Procee Please Print 1_ Name of beneficiary	Secondary Beneficiary (i ds will not be paid to beneficiar Date of Birth	y (ies)	under 14	n 8 years of Relati	age	
Procee Please Print 1. Name of beneficiary	Secondary Beneficiary (i ds will not be paid to beneficiar Date of Birth	y (ies)	under 14	1 3 years of Relati State	age) be paid
Procee Please Print 1 Name of beneficiary Street Social Security Number	Secondary Beneficiary (i ds will not be paid to beneficiar Date of Birth Apartment Number or PO Box	y (ies)	under 14	1 3 years of Relati State	age	be paid
Procee Please Print 1 Name of beneficiary Street Social Security Number	Secondary Beneficiary (i ds will not be paid to beneficiar Date of Birth Apartment Number or PO Box	y (ies)	under 14	n 8 years of Relati State Pere	age	be paid
Procee Please Print 1 Name of beneficiary Street Social Security Number 2. Name of beneficiary	Secondary Beneficiary (i ds will not be paid to beneficiar Date of Birth Apartment Number or PO Box Phone Number Date of Birth	City	Gender	1 3 years of Relati State Pere Relation	age onship to me Zip centage of benefit t onship to me) be paid
Procee Please Print 1 Name of beneficiary Street Social Security Number 2.	Secondary Beneficiary (i ds will not be paid to beneficiar Date of Birth Apartment Number or PO Box Phone Number	y (ies)	Gender	n 8 years of Relati State Pere	age onship to me Zip centage of benefit t	be paid
Procee Please Print 1 Name of beneficiary Street Social Security Number 2. Name of beneficiary	Secondary Beneficiary (i ds will not be paid to beneficiar Date of Birth Apartment Number or PO Box Phone Number Date of Birth	City	Gender	1 3 years of Relati State Pere Relatient State	age onship to me Zip centage of benefit t onship to me	o be paid - - - - - - %

If electing more than one pinmary or more than one secondary beneficiary beneficiare the total percentage of available benefits to be paid to each. The total for pinmary beneficianes quality denoticates the total percentage of available benefits to be paid to each. The total for pinmary beneficianes are must equal 100%, if no percentage distribution is indicated, your available benefit will be divided equally among the eligible beneficiaries. It is important to note that secondary beneficiaries are not eligible for benefits unbes all primary beneficiaries are deceased. If you wish to name more beneficiaries than space allowed on the form, you may attach a separate piece of 8.5"x11" paper on which you may list additional benefit is a be paid. If no designated beneficiaries are not eligible benefits to be paid. If no designated beneficiaries are most equal 100% of the percentage distribution is indicated, your available benefit equal 100% of the paid to prove that secondary beneficiaries. The total of provides allowed on the form, you may attach a separate piece of 8.5"x11" paper on which you may list additional benefit are primary beneficiaries. The note that secondary beneficiaries. The total of provide equal 100% of you have three primary beneficiaries are not eligible benefit equal 100% of (e.g., 40%, 30% and 30%) You must sign and date all additional pages, along with the original form. I understand death benefits are paid to the beneficiary (ies) of vested Gwinnett Retirement System members. I authorize Gwinnett Retirement System to pay, in the event of my death, all eligible benefits. I reserve the right to change beneficiary (ies) any time before my retirement takes effect.

Member Signature

Date