

# CITY OF DELANO EMPLOYEE PENSION PLAN

## DESIGNATION OF BENEFICIARY

\_\_\_\_\_  
Participant's Name (Printed)

\_\_\_\_\_  
Social Security Number

I hereby designate the following person or persons as my primary beneficiary, if living, or if not living, as my contingent beneficiary, to receive the amount of benefits from and under the above Plan which may become due at or after my death:

### PRIMARY BENEFICIARY

\_\_\_\_\_  
Name printed or typed Relationship \_\_\_\_\_

Address: \_\_\_\_\_

### CONTINGENT BENEFICIARY

\_\_\_\_\_  
Name printed or typed Relationship \_\_\_\_\_

Address: \_\_\_\_\_

The right to revoke or change any beneficiary designated is hereby reserved. All prior designations (if any) of beneficiaries and contingent beneficiaries are hereby revoked. (Note: If you are married and designate a primary beneficiary other than your spouse, your spouse must consent to such other beneficiary by signing this form indicating spousal consent. Your spouse's signature must be witnessed by a notary public or by your Committee member.)

\_\_\_\_\_  
Participant's signature (Date) \_\_\_\_\_

Above Form Received By: \_\_\_\_\_ (Date) \_\_\_\_\_  
Witness

### SPOUSE'S CONSENT TO BENEFICIARY DESIGNATION (Complete if applicable)

I am \_\_\_\_\_ (print name), the spouse of the above name participant who made the foregoing Beneficiary Designation, and I consent to such designation which names a person other than myself to receive any Plan benefits upon death of such Plan Participant.

Signature \_\_\_\_\_ (Date) \_\_\_\_\_

The foregoing signature of Consenting Spouse was witnessed by:

\_\_\_\_\_  
Notary Public (Name & Seal)