



HOWARD MILLER
EXECUTIVE DIRECTOR

EL PASO COUNTY RETIREMENT PLAN
105 E. VERMIJO, SUITE 200
COLORADO SPRINGS, CO 80903-2007

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BENEFICIARY DESIGNATION FORM

Must be typed or completed in ink.

Member's Name

Social Security Number

Marital Status

PRIMARY BENEFICIARY(IES):

I hereby designate the person(s) named below as my primary beneficiary(ies) to receive benefits in the event of my death. The share of any primary beneficiary who is no longer living or is otherwise disqualified by law at the time of my death, will pass to any remaining beneficiary(ies) in equal shares. Attach additional primary beneficiary information to this form if needed.

1. _____ %
Name _____ Date of Birth _____ Relationship _____ Address _____
2. _____ %
Name _____ Date of Birth _____ Relationship _____ Address _____
3. _____ %
Name _____ Date of Birth _____ Relationship _____ Address _____

CONTINGENT BENEFICIARY(IES):

I hereby designate the person(s) below as my contingent beneficiary(ies) who will receive payment only if all primary beneficiary(ies) predecease me or are otherwise disqualified by law. Attach additional contingent beneficiary information to this form if needed.

1. _____ %
Name _____ Date of Birth _____ Relationship _____ Address _____
2. _____ %
Name _____ Date of Birth _____ Relationship _____ Address _____
3. _____ %
Name _____ Date of Birth _____ Relationship _____ Address _____

The foregoing beneficiary designation supersedes any previous designation and the right is reserved to revoke or change this designation

Member's Signature

Date

IF YOU ARE MARRIED AND NAME SOMEONE OTHER THAN YOUR SPOUSE as primary beneficiary, this form must be signed by your spouse and your spouse's signature must be notarized or, if not notarized, witnessed by a Plan representative, indicating that your spouse agrees to this beneficiary election.

Spouse's Signature

Date

Notary or Plan Representative
(Seal)

Date

My Commission Expires: _____

Retirement Office Only	
Received: _____	
Processed: _____	
Confirmation: _____	
Scanned: _____	