

El Paso County Retirement Plan



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CHANGE OF BENEFICIARY

(Type or print except where signature is required)

NAME: _____
Social Security Number _____

I hereby change my beneficiary(ies) to the person(s) named below.

REASON FOR CHANGE: DIVORCE___ MARRIAGE ___ DEATH___ OTHER___

PLEASE ATTACH SUBSTANTIATING DOCUMENTATION (Marriage License, Divorce Decree, Death Certificate, Court Order, etc.)

PRIMARY BENEFICIARY _____
Relationship _____

_____ Date of Birth _____ Address _____

FIRST CONTINGENT BENEFICIARY _____
Relationship _____

_____ Date of Birth _____ Address _____

SECOND CONTINGENT BENEFICIARY _____
Relationship _____

_____ Date of Birth _____ Address _____

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

Member 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 Signature: _____ Date _____

Notary or Witness: _____ Date _____

(Seal)

My Commission Expires: _____

“Financial Security for the Golden Years”