



**Reform Pension Board  
Retirement Account Beneficiary Designation Form  
(Excluding Life Insurance)**

Participant Designation of Beneficiaries or Change of Beneficiaries:

I, \_\_\_\_\_, (print full name of participant), hereby revoke all previous designations of beneficiaries and designate the following beneficiaries with respect to death benefits under the Reform Pension Plan excluding proceeds under my life insurance benefits if applicable. PLEASE PRINT CLEARLY

**PRIMARY BENEFICIARY DESIGNATION**

First Name	Last Name	Date of Birth	Relationship	Soc. Sec. #	Benefit %

**SECONDARY/CONTINGENT BENEFICIARY DESIGNATION**

First Name	Last Name	Date of Birth	Relationship	Soc. Sec. #	Benefit %

**IMPORTANT:** Should any other designation be desired, i.e., "to the estate of" please include it on the lines provided above. If you require additional space, please attach another page and initial. If you name a Trust as beneficiary, you must also provide the name and address of the Trustee on a separate page.

**If you are married, your spouse must consent to the naming of any other Primary beneficiary by signing the following statement:**

**I am the spouse of the participant and consent to the beneficiary designation noted hereon.**

**Signature of Spouse:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This change of beneficiary shall take effect when received by the office of Reform Pension Board. The change shall be operative as of the date of this instrument whether or not I am alive at the time of such receipt, but without prejudice to Reform Pension Board on account of any payment made by it before such receipt. Reform Pension Board shall not be bound by any trust deed, and shall not be liable for the applications of monies by a trustee beneficiary. If I remarry, this designation will be ineffective unless consented by my new spouse. If I am married and fail to designate a beneficiary, my spouse will be the beneficiary; if I am not married and fail to designate a beneficiary, my estate will be the beneficiary.

I hereby authorize the information provided above:

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

-----For RPB Use Only-----

The authorized change(s) set forth in the foregoing instrument are hereby acknowledged.

Plan Administrator: \_\_\_\_\_ Date: \_\_\_\_\_