

Plan Name: City of Alexandria Supplemental Retirement
Plan Contract No: 523366



Defined Benefits Designation/Change of Beneficiary

1 Participant Information (Please Print)

Name: _____ Social Security Number: _____

Address: _____ Marital Status: ☐ Married ☐ Single

City: _____ State: _____ Zip Code: _____

Daytime Phone Number	Email Address

2 Designation / Change of Beneficiary

In accordance with the provisions of the Plan, I hereby ☐ Designate the following beneficiary ☐ Change my beneficiary to the following person

Primary Or Contingent	Name (First, M.I. Last)		Relationship
	Social Security Number	Phone Number	Date of Birth MM/DD/YYYY
	Street Address		Percent %
	City	State	Zip Code
Primary Or Contingent	Name (First, M.I. Last)		Relationship
	Social Security Number	Phone Number	Date of Birth MM/DD/YYYY
	Street Address		Percent %
	City	State	Zip Code
Primary Or Contingent	Name (First, M.I. Last)		Relationship
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	City	State	Zip Code
Primary Or Contingent	Name (First, M.I. Last)		Relationship
	Social Security Number	Phone Number	Date of Birth MM/DD/YYYY
	Street Address		Percent %
	City	State	Zip Code

3 Certification and Authorization

Unless otherwise provided herein, if more than one beneficiary is named, payments shall be made in equal shares to each beneficiary who survives the Participant. If no beneficiary survives, the Participant or if there is no name on file, PAYMENT SHALL BE MADE IN ACCORDANCE WITH THE PROVISION OF THE PLAN. The right to further change the beneficiary is reserved to the Participant without the consent of the beneficiary. This designation supersedes any other that may have been previously made.

Participant's Signature _____ Date: _____

Plan Name: City of Alexandria Supplemental Retirement Plan**Contract No: 523366*****Defined Benefits Designation / Change of Beneficiary (continued)***

Participant Name (Print) _____

Social Security Number _____

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