

EMPLOYEES' RETIREMENT FUND – DESIGNEE SELECTION FORM
For Commuted Value Lump Sum Payment

Print Name _____

Social Security Number _____

Employee or Retiree Number _____

MEMBER'S STATEMENT

In the event of my death (and the death of my beneficiary, if any), please pay any commuted value lump sum that may be payable by ERF to the designee(s) listed below. I understand that I am responsible for filing a revised form with ERF if I later wish to change my selection(s). If more than one primary designee is selected, any funds payable will be shared equally among those surviving unless otherwise provided herein. If all primary designees are deceased or are not in existence, any funds payable will be shared equally among surviving contingent designees unless you provide otherwise. I may name (1) my estate, (2) any person or persons, (3) any entity or entities, or (4) any combination thereof. Please contact the Retirement office if you wish to name additional primary or contingent designee(s).

Primary Designee(s)

1) _____
Name _____ Social Security Number _____ Relationship _____
(_____) _____
Address _____ City _____ State _____ Zip Code _____ Phone Number _____

2) _____
Name _____ Social Security Number _____ Relationship _____
(_____) _____
Address _____ City _____ State _____ Zip Code _____ Phone Number _____

3) _____
Name _____ Social Security Number _____ Relationship _____
(_____) _____
Address _____ City _____ State _____ Zip Code _____ Phone Number _____

4) _____
Name _____ Social Security Number _____ Relationship _____
(_____) _____
Address _____ City _____ State _____ Zip Code _____ Phone Number _____

Contingent Designee(s)

1) _____
Name _____ Social Security Number _____ Relationship _____
(_____) _____
Address _____ City _____ State _____ Zip Code _____ Phone Number _____

2) _____
Name _____ Social Security Number _____ Relationship _____
(_____) _____
Address _____ City _____ State _____ Zip Code _____ Phone Number _____

Employee Signature _____ **Date** _____

Signature of Witness _____