

BENEFICIARY APPOINTMENT/CHANGE FORM

PLEASE READ THE INFORMATION BELOW PRIOR TO COMPLETION OF THIS FORM

NOTE: This form (1) does not designate your beneficiary for life insurance benefits, if eligible and (2) must be on file in the Richmond Retirement System (RRS) office prior to the death of the member.

1. Types of Beneficiaries:

A. **Primary** - Person(s) to receive the death benefits upon the death of the member.

B. **Contingent** - Person(s) to receive death benefits upon the death of the member and primary beneficiary(ies). A contingent beneficiary must be designated.

2. If multiple primary beneficiaries are named, the proceeds will be split equally, unless otherwise instructed on the form.
3. Use given names such as "Mary L. Doe," not "Mrs. John Doe."
4. Upon death, if a **minor** (child less than 18 years of age) is named as beneficiary, a guardian must be appointed by the court before benefits can be paid.
5. Upon death, if an **estate** is named as beneficiary, an administrator or an executor must be appointed by the court before benefits can be paid.
6. If a trust is named as beneficiary, the name of the trustee must be listed as well as the date that the trust agreement was completed. A copy of the trust agreement must be submitted with the death claim.
7. In order to be valid, this form must be filled out completely and notarized.
8. After you have completed this form, be sure to review your designations periodically to determine that they meet your wishes for future payments.
9. Altered forms cannot be accepted. Should you make an error when completing this form, either complete a new form or initial the information that has been changed.
10. A copy of this form will be returned to you for your records after it has been received by RRS. If you do not receive a copy within 90 days, please contact the RRS.

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please type or print in ink

Check One: <input type="checkbox"/> Original Appointment <input type="checkbox"/> Change	Employment Status: <input type="checkbox"/> Active <input type="checkbox"/> Retired
Name:	
Social Security Number:	Retirement Number (if applicable):
Address:	
City:	State: Zip Code:

Beneficiary Designation for Richmond Retirement System Members and Retirees

I, _____, do hereby designate in accordance with Chapter 22 of the City Code, the below named person(s) to receive the following proceeds, if applicable: one time lump-sum death benefit payment; refund of my retirement contributions; and/or funds accumulated in my Deferred Retirement Option Program (DROP) account upon my death.

Full Name (Person or Estate):		Social Security Number:	
Address:			Relationship:
Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Birth Date	
Full Name (Person or Estate):		Social Security Number:	
Address:			Relationship:
Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Birth Date	
Full Name (Person or Estate):		Social Security Number:	
Address:			Relationship:
Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Birth Date	
Full Name (Person or Estate):		Social Security Number:	
Address:			Relationship:
Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Birth Date	

I hereby direct that should I survive the above-named beneficiary(ies), any such benefit(s) aforementioned shall be paid to my estate or to such other beneficiary(ies) as I shall hereafter nominate by written designation, duly acknowledged and filed prior to my death with the Richmond Retirement System (RRS) in accordance with the laws governing the operation of the RRS.

Member's Signature:	Date:
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THE FOLLOWING CERTIFICATION MUST BE EXECUTED BY A NOTARY PUBLIC OR OTHER COURT OFFICIAL AUTHORIZED TO TAKE ACKNOWLEDGEMENTS. THIS FORM IS NOT VALID UNLESS PROPERLY NOTARIZED.

State of _____	City/County of _____	on _____ 20__
The individual whose name is signed above appeared before me, acknowledged the foregoing signature to be his/hers, and having been duly sworn by me made an oath that the statements in the said instrument are true.		Seal
Notary Public:		
My commission expires:		
Notary Registration Number:		

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