CITY OF BATTLE CREEK POLICE AND FIRE RETIREMENT SYSTEM

NOMINATION OF BENEFICIARY FOR THE RETURN OF ACCUMULATED CONTRIBUTIONS

I hereby direct that if no survivor pension is payable from the funds of the Retirement System on account of my death, the total amount of my accumulated contributions standing to my credit in the accumulated contribution account shall be paid as follows:

PRIMARY BENEFICIARY(IES) In the event of my death, distributions shall be paid to:

_____ _____ _____
Name Social Security Number Date of Birth

_____ _____ _____
Address Relationship # of Distribution

_____ _____ _____
Name Social Security Number Date of Birth

_____ _____ _____
Address Relationship # of Distribution

TOTAL= 100%

SECONDARY BENEFICIARY(IES) If there are no surviving primary beneficiaries at the time of my death, distributions shall be paid to:

_____ _____ _____
Name SS# Date of Birth

_____ _____
Address Relationship

If no beneficiaries are living at the time of my death, then distributions shall be paid to my legal representatives.

This designation, effective on this_____day of_____, 20____, shall revoke and cancel my previous nomination of beneficiaries and shall supersede all prior designations.

SIGNATURES:

Member Signature: _____

Witness Signature: _____

FOR RETIREMENT SYSTEM USE ONLY

Date Received: _____ By: _____