

CHANGE OF BENEFICIARY



ACTIVE SERVICE NUMBER

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

Date _____

Social Security # _____

To the City of Cincinnati Retirement System,

I, the undersigned, desire to revoke any previous nomination of beneficiary or beneficiaries and request that the following designation of beneficiaries supersede any designation of beneficiaries previously filed with the City of Cincinnati Retirement System.

I, the undersigned, do hereby designate the following person or persons as my beneficiaries, to whom I request the City of Cincinnati Retirement System to pay in the event of my death, the benefit provided for in Section 203-45, 203-47, or 203-49 of the Cincinnati Municipal Code.

NOTE - Designation of the beneficiary shall be limited to: a person; the member's estate; a trust established by the member; or other legal entity.

PRIMARY BENEFICIARY

NAME	SS # or Tax ID	D.O.B.	ADDRESS STREET, CITY, STATE, ZIP	PHONE #	RELATIONSHIP
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Should the above named beneficiary predecease me, then to the following secondary beneficiary or survivor.

SECONDARY BENEFICIARY

NAME	SS # or Tax ID	D.O.B.	ADDRESS STREET, CITY, STATE, ZIP	PHONE #	RELATIONSHIP
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Print Name _____ **Address** _____

Signature _____

City, State, Zip Code

On this _____ day of _____, 20____, personally appeared _____ before me the said _____

known to me to be the person who executed the foregoing instrument and s/he duly acknowledged to me that s/he executed the same, and being duly sworn, made oath that the statements contained therein are true.