



**Reform Pension Board**

**REFORM PENSION BOARD**  
**PENSION ACCOUNT BENEFICIARY DESIGNATION FORM**  
**(Excluding Life Insurance)**

Designation of Beneficiary or Change of Beneficiary:

I, \_\_\_\_\_, (name of participant), hereby revoke all previous nominations of beneficiaries and nominate the following beneficiary (ies) with respect to death benefits under the Reform Pension Plan excluding proceeds under my life insurance benefits.

First Name	Last Name	Date of Birth	Relationship	Soc. Sec. #	Benefit %
Primary					
Secondary					

Should any other designation be desired, i.e., "to the estate of" please include it on the lines provided above.

If you require additional space, please attach another page.

**If you are married, your spouse must consent to the naming of any other beneficiary by signing the following statement:**

**I am the spouse of the participant and consent to the beneficiary designation noted hereon.**

**Signature of Spouse:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This change of beneficiary shall take effect when received by the office of the Reform Pension Board. The change shall be operative as of the date of this instrument whether or not I am alive at the time of such receipt, but without prejudice to the Reform Pension Board on account of any payment made by it before such receipt. The Reform Pension Board shall not be bound by any trust deed, and shall not be liable for the applications of monies by a trustee beneficiary. If I remarry, this designation will be ineffective unless consented by my new spouse.

**I hereby authorize the information provided above:**

**Signature of Insured Person:** \_\_\_\_\_ **Date:** \_\_\_\_\_

-----For RPB Use Only-----

The authorized change(s) set forth in the foregoing instrument are hereby acknowledged.

Plan Administrator: \_\_\_\_\_ Date: \_\_\_\_\_