



# NOTICE OF CHANGE OF BENEFICIARY

**IMPORTANT NOTE: Your beneficiary can only be changed prior to collecting your pension.**  
 Please submit a copy of your marriage certificate with this form.

Date: \_\_\_\_\_

**It is my desire that you change / update my beneficiary to:**

Beneficiary (Spouse only) \_\_\_\_\_  
 (Print Name)

Social Security Number \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_



Member's Name \_\_\_\_\_  
 (Print Name)

Member's Signature \_\_\_\_\_  
 (Signature)

Social Security Number \_\_\_\_\_ Birth date \_\_\_\_\_

Member's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Member's Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

**IMPORTANT NOTE: FOR PRIVACY AND FRAUD PREVENTION PURPOSES, THIS ORIGINAL SIGNED FORM WILL ONLY BE ACCEPTED BY MAIL OR PERSONAL DELIVERY.**