CITY OF BRENTWOOD POLICE AND FIREMEN'S PENSION PLAN

Designation of Beneficiary

SECTION I – PARTICIPANT INFORMATION

Name: _____ Social Security Number: _____ - _____ - _____

☐ Married – Check this box if you are married but your spouse is not the sole primary beneficiary; complete Section II and sign below. Have your spouse complete the Spousal Consent section.

☐ Unmarried – Check this box if you are unmarried, complete Section II and sign below.

SECTION II – DESIGNATION OF BENEFICIARY

Primary Beneficiary(ies):	Relationship:
Contingent Beneficiary(ies):	Relationship:

SECTION III – SPOUSAL CONSENT

THIS SECTION TO BE COMPLETED ONLY IF PARTICIPANT IS MARRIED AND DOES NOT DESIGNATE HIS/HER SPOUSE AS SOLE PRIMARY BENEFICIARY

I understand that if the Primary Beneficiary is someone other than myself, I am giving up any death benefit due me by giving my consent to the above Designation of Beneficiary.

I understand that without my consent to the Beneficiary Designation, I am entitled to the death benefit payable to a spouse under Plan provision in the absence of a Beneficiary Designation Form. The remaining death benefits, if any, not payable to me, will be payable to the beneficiaries designated by the participant.

☐ I **DO** consent to the Beneficiary selection.

☐ I **DO NOT** consent to the Beneficiary selection.

_____ _____
Signature of Spouse Date

The person signing above appeared before a notary public and made the election as a voluntary act and deed.

_____ _____ NOTARY SEAL
Signature of Notary Date (REQUIRED)

SECTION IV – PARTICIPANT'S SIGNATURE

I reserve the right to change the beneficiary(ies) at any time by giving notice to the Trustees in writing. This designation revokes any previous designation of beneficiary(ies).

_____ _____
Participant's Signature Date

_____ _____
Witness' Signature Date