The Maryland-National Capital Park and Planning Commission

EMPLOYEES' RETIREMENT SYSTEM

Revised Designation of Beneficiaries for $10,000 Post-Retirement Death Benefit

I, _____, the undersigned employee, do hereby revoke any previous nomination of beneficiary which may be inconsistent herewith and state that the following Designation of Beneficiary(ies) supersedes any designation of beneficiary previously filed with the M-NCPPC Employees' Retirement System (ERS) FOR THIS DEATH BENEFIT ONLY.

Primary Beneficiary(ies):

PRIMARY BENEFICIARY(IES): [BENEFITS WILL BE PAID IN EQUAL SHARES TO EACH SURVIVING PRIMARY BENEFICIARY LISTED, IF MORE THAN ONE]

I, the undersigned, do hereby designate as **PRIMARY BENEFICIARY(IES)**:

(1) FULL NAME:_____RELATIONSHIP:_____
ADDRESS:_____
DATE OF BIRTH:_____SOCIAL SECURITY NUMBER:_____

(2) FULL NAME:_____RELATIONSHIP:_____
ADDRESS:_____

Contingent Beneficiary(ies):

DATE OF BIRTH:_____SOCIAL SECURITY NUMBER:_____

[BENEFITS TO BE PAID IN EQUAL SHARES TO EACH SURVIVING CONTINGENT BENEFICIARY LISTED, IF MORE THAN ONE, IN THE EVENT ALL PRIMARY BENEFICIARIES ARE DECEASED]

I, the undersigned, do hereby designate as **CONTINGENT BENEFICIARY(IES)**:

(1) FULL NAME:_____RELATIONSHIP:_____
ADDRESS:_____
DATE OF BIRTH:_____SOCIAL SECURITY NUMBER:_____

(2) FULL NAME:_____RELATIONSHIP:_____
ADDRESS:_____
DATE OF BIRTH:_____SOCIAL SECURITY NUMBER:_____

I hereby authorize the Administrator of the M-NCPPC ERS to make payment to the beneficiary(ies) whom I have above nominated, and agree on behalf of myself, my heirs and assigns, that payment so made shall be a complete discharge of the claim and shall constitute a release of the Trust Fund from any further obligation on account of the benefit. I hereby direct that, should all the Primary and Contingent Beneficiary(ies) predecease me, the amount which should otherwise have been payable to said beneficiary(ies) shall become a part of and be paid to my estate, or to such other beneficiary(ies) as I shall hereafter nominate, by written designation filed with the Administrator in accordance with the rules and regulations prescribed by the Board of Trustees.

SIGNATURE OF MEMBER:_____DATE:_____

SOCIAL SECURITY NUMBER:_____ DATE OF BIRTH:_____

ADDRESS:_____

WITNESS:_____DATE:_____