



For office use only. Retirement number:

Change of Beneficiary Form

Use this form to change your beneficiaries on record with the Seattle City Employees' Retirement System or to update their contact information. Please help us to serve you by printing legibly. Note: Use page three of this form to nominate more than two primary or alternate beneficiaries.

Revoking any previous nomination, I nominate the following as my primary beneficiary or beneficiaries:

Name: Relationship:

Address:

Telephone: E-mail:

Last four digits of Social Security number: Date of birth:

Name: Relationship:

Address:

Telephone: E-mail:

Last four digits of Social Security number: Date of birth:

In case of the death of my primary beneficiary(ies), I hereby name the following as my alternate beneficiary(ies):

Name: Relationship:

Address:

Telephone: E-mail:

Last four digits of Social Security number: Date of birth:

Name: Relationship:

Address:

Telephone: E-mail:

Last four digits of Social Security number: Date of birth:



Seattle City Employees' Retirement System, Kenneth J. Nakatsu, Interim Executive Director
720 Third Avenue, Suite 900, Seattle, WA, 98104
Tel: (206) 386-1293 Toll free: (877) 865-0079 Fax: (206) 386-1506
www.seattle.gov/retirement retirecity@seattle.gov

I hereby request and authorize the Seattle City Employees' Retirement System to pay my beneficiary or beneficiaries the following:

- All of the accumulated contributions which may be payable because of my death.
- Any death benefit which may be payable because of my death.

Should I survive the above named beneficiary or beneficiaries, I request and authorize that such payment be paid to my estate or to such other beneficiary or beneficiaries as I may hereafter nominate by written designation duly filed with the Seattle City Employees' Retirement System.

_____ Printed name of member	_____ Signature of witness
_____ Signature of member	_____ Address of witness
_____ Date	_____ Signature of witness
_____ Last four digits of member's Social Security number	_____ Address of witness

Note: Beneficiaries cannot be witnesses

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The following beneficiary(ies) are hereby designated as my primary or alternate (select one). The beneficiary(ies) will share equally or as designated (e.g., 20 percent, 30 percent, and 50 percent):

Name: _____ Relationship: _____

Address: _____

Last four digits of beneficiary's Social Security number: _____ Date of birth: _____

Name: _____ Relationship: _____

Address: _____

Last four digits of beneficiary's Social Security number: _____ Date of birth: _____

Name: _____ Relationship: _____

Address: _____

Last four digits of beneficiary's Social Security number: _____ Date of birth: _____

Name: _____ Relationship: _____

Address: _____

Last four digits of beneficiary's Social Security number: _____ Date of birth: _____

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