



CITY OF BATTLE CREEK POLICE AND FIRE RETIREMENT SYSTEM
NOMINATION OF BENEFICIARY FOR THE RETURN OF ACCUMULATED CONTRIBUTIONS



I hereby direct that if no survivor pension is payable from the funds of the Retirement System on account of my death, the total amount of my accumulated contributions standing to my credit in the accumulated contribution account shall be paid as follows:

PRIMARY BENEFICIARY(IES)

In the event of my death, distributions shall be paid to:

Name	Social Security Number	Date of Birth
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Address	Relationship	# of Distribution
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Name	Social Security Number	Date of Birth
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Address	Relationship	# of Distribution
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TOTAL= 100%

SECONDARY BENEFICIARY(IES) If there are no surviving primary beneficiaries at the time of my death, distributions shall be paid to:

Name	SS#	Date of Birth
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Address	Relationship
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If no beneficiaries are living at the time of my death, then distributions shall be paid to my legal representatives.

This designation, effective on this _____ day of _____, 20____, shall revoke and cancel my previous nomination of beneficiaries and shall supersede all prior designations.

SIGNATURES:

Member Signature: _____

Witness Signature: _____

FOR RETIREMENT SYSTEM USE ONLY

Date Received: _____ By: _____