

CHANGE OF BENEFICIARY



NORFOLK EMPLOYEES' RETIREMENT SYSTEM
 810 Union Street, Suite 309, Norfolk, VA 23510
 Phone: (757)664-4738
 Email: retirement@norfolk.gov
 Website: www.norfolk.gov/retirement

1. Social Security Number (Last 4 digits only) <div style="text-align: center; font-weight: bold; font-size: 1.2em;">XXX – XX -</div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 30px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> </div>
2. Active History Number (Completed by Retirement Office Only)

I, the undersigned, do hereby revoke any previous nomination of beneficiary which may be inconsistent herewith and direct that the following designation of beneficiary supersede any designation of beneficiary previously filed with the Retirement System.

I, the undersigned, do hereby designate:

Full Name (Furnish full name of Beneficiary) (First, Middle, Last)	
Address (Furnish full address of Beneficiary) (Street, City, State and Zip Code)	
Relationship	Date of Birth of Beneficiary

as the beneficiary to whom I request the Board of Trustees to pay the death benefits and total amount of the accumulated contributions, if any, standing to my credit in the Retirement System payable on my account should I die in active service.

I hereby authorize the Board of Trustees of the Retirement System to make payment to the beneficiary or beneficiaries in accordance with the above designation and agree, on behalf of myself and heirs and assigns, that payment so made shall be a complete discharge of the claim and shall constitute a release of the System from any further obligation on account of the benefit.

I further direct that, should any beneficiary so designated predecease me, the amount which otherwise would have been payable to such beneficiary shall become part of and be paid to my estate.

Member Signature

Home Address

Date

TO BE COMPLETED BY NOTARY or by other Court Official authorized to take acknowledgements. This form is not valid unless properly notarized when required.

(Place photographically reproducible seal below)

State of _____

City / County of _____

On this _____ day of _____, 20____.

The individual whose name is signed to the foregoing instrument appeared before me, acknowledged the foregoing signature to be his/hers, and having been duly sworn by me, made an oath that the statements of the said instrument are true.

Commission Expiration Date

Notary Signature

Registration No. (VA Notary only)