

THE GENERAL RETIREMENT SYSTEM FOR EMPLOYEES OF JEFFERSON COUNTY

BENEFICIARY DESIGNATIONS AT RETIREMENT

Retiree: _____

Purpose of Form. The purpose of this form is to allow you to designate a beneficiary for any remaining contributions that are payable upon your death or your final monthly retirement benefit if it is rejected by your bank. Not only can you designate a “primary” beneficiary(ies), you also can designate a “contingent” beneficiary(ies). A “primary” beneficiary is the person who will receive your benefit if such beneficiary is alive at the time of your death. A “contingent” beneficiary is the person who will receive your benefit if your primary beneficiary is not alive at the time of your death. Any properly made, executed and witnessed designation made herein will revoke and replace any prior beneficiary designation relating to the benefits described herein.

Designation of Primary Beneficiary:

I, _____ (Name of Retiree), hereby designate the following as the primary beneficiary(ies) of any death benefits payable. My beneficiary’s information is set forth below:

| First, Middle and Last Name | Gender | Relationship to Member | Social Security Number and Date of Birth* | Address (including Zip Code; no P.O. Box) | Percentage** |
|-----------------------------|------------------------------|------------------------|---|---|--------------|
| | ___ Male or ___ Female | | | | |
| | ___ Male or ___ Female | | | | |

If you would like to designate more than two (2) primary beneficiaries, please attach an addendum providing the above information for each such additional individual.

Designation of Contingent Beneficiary:

I, _____ (Name of Retiree), hereby designate the following as a contingent beneficiary(ies) to receive any death benefits payable to a contingent beneficiary (*i.e.*, if my primary beneficiary(ies) is deceased):

| First, Middle and Last Name | Gender | Relationship to Member | Social Security Number and Date of Birth* | Address (including Zip Code; no P.O. Box) | Percentage** |
|-----------------------------|------------------------------|------------------------|---|---|--------------|
| | ___ Male or ___ Female | | | | |
| | ___ Male or ___ Female | | | | |

If you would like to designate more than two (2) contingent beneficiaries, please attach an addendum providing the above information for each such additional individual.

*In the event a distribution is to be made to a minor or incompetent beneficiary, then the General Retirement System may direct that such distribution be paid to the legal guardian, or if none in the case of a minor beneficiary, to a parent of such beneficiary or a responsible adult with whom the beneficiary maintains residence, or to the custodian for such beneficiary under the Uniform Gift to Minors Act.

**If you designate more than one primary or contingent beneficiary and you fail to properly designate percentages, then any amounts payable to them will be divided equally among those designated.

Witness: **[must be unrelated to Retiree and must be signed by witness at the same time as Member's execution]**

Signature of Retiree

Signature of Witness

Date of Birth of Retiree

Printed Name of Witness

Telephone/Mobile Number of Retiree

Social Security Number of Retiree

Street Address of Retiree (No P.O. Box)

City, State and Zip Code of Retiree

Date

Return this completed form to:

General Retirement System
Suite 430 Courthouse
716 Richard Arrington Jr. Blvd. North
Birmingham, Al 35203

Questions can be directed to the address above or you can call (205) 784-4530.