

STATE OF DELAWARE

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**CONTRIBUTORY DESIGNATION/CHANGE OF
 BENEFICIARY FORM**

Office of Pensions
 McArdle Building
 860 Silver Lake Blvd. Suite 1
 Dover, DE 19904-2402
www.delawarepensions.com

(Please Print)

NAME _____

PENSION ID# _____
 (found on your annual statement or
 pension advice)

And/Or

PHRST EMPLOYEE ID# _____
 (found on your pay advice)

One of the above ID numbers must be completed to update your record.

I hereby *revoke any previous beneficiary(ies) designation* and I direct that the excess amount, if any, of my accumulated pension contributions, with interest, over the aggregate of all pension payments made shall be paid to the beneficiary(ies) designated below, if living.

If more than one beneficiary is designated, unless primary and contingent is noted, I understand payment will be made in equal shares to such of the designated beneficiaries as survive me. If at the death of the member, there is no designated beneficiary, for all or any part of the death benefit, the amount of death benefit payable for which there is no designated Beneficiary shall be payable to the estate of the member. However, the Pension Fund, at its option, may pay such amount to any of the surviving relatives: wife, husband, mother, father, child or children and payment to any one or more of such surviving relatives shall completely discharge the Pension Fund's liability with respect to the amount of death benefit paid.

Name of Beneficiary	P *	C *	Complete Address (include Street, City, State & Zip)	Social Security Number	Date of Birth	Relationship

*P=Primary C=Contingent

The right is reserved to revoke this designation and to designate new beneficiaries at any time by completing a new Designation or Change of Beneficiary Form.

Please indicate the applicable pension plan for this beneficiary designation _____

 Signature

 Date

RETURN THIS FORM TO THE PENSION OFFICE ONLY IF CHANGES ARE REQUESTED