

**ANNE ARUNDEL COUNTY
PENSION
BENEFICIARY FORM
RETIREE**

PARTICIPANT'S NAME

SOCIAL SECURITY #

() _____
PHONE NUMBER

() _____
CELL PHONE NUMBER

OTHER

PRIMARY BENEFICIARY

NAME (1)	SS#	BIRTH DATE	RELATIONSHIP	PHONE #
ADDRESS		CITY	STATE	ZIP
NAME (2)	SS#	BIRTH DATE	RELATIONSHIP	PHONE #
ADDRESS		CITY	STATE	ZIP

CONTINGENT BENEFICIARY

NAME (1)	SS#	BIRTH DATE	RELATIONSHIP	PHONE #
ADDRESS		CITY	STATE	ZIP
NAME (2)	SS#	BIRTH DATE	RELATIONSHIP	PHONE #
ADDRESS		CITY	STATE	ZIP

If more than one beneficiary in a primary or secondary class is named, all beneficiaries in each class will share equally, unless otherwise stated above. Your beneficiary designation may be changed at anytime. The most recent beneficiary designation takes precedence.

The most recent dated beneficiary designation form takes precedence.

SIGNATURE

DATE

Please check if additional form was needed

REVISED 5/10

RETURN TO MS 9101 OR MAIL TO P.O. BOX 6675, ANNAPOLIS, MD 21401