

**ANNE ARUNDEL COUNTY
PENSION
BENEFICIARY FORM
ACTIVE**

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

You may change your beneficiary at any time by contacting the Office of Personnel or you may request a form by calling the Forms Line at (410) 222-7590. **Note, for pension payout purposes your spouse and/or unmarried minor children will take precedence over any other beneficiary if you were to die while an active participant of the plan. The beneficiary named below would be entitled to any applicable annual leave payout.**

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