



# FIRE AND POLICE PENSION FUND



## EMPLOYEE DESIGNATION OF BENEFICIARY

(Rev. 11/11/2013)

MEMBER NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

The undersigned, as an employee for the Chattanooga Fire and Police Pension Fund, hereby designate as my primary beneficiary to receive upon my death, all outstanding wages and accrued personal leave (to include vacation, sick, annual, and compensatory leave) as outlined in TCA 30-2-103, TCA 8-50-808 to the person(s) listed below. Total allocations must equal 100%.

PRIMARY BENEFICIARY	SOCIAL SECURITY #	BIRTH DATE	RELATIONSHIP	%

In the event that the above named primary beneficiary is deceased at the time of my death, then I designate the person(s) listed below as my contingent beneficiary. Total allocations must equal 100%.

CONTINGENT BENEFICIARY	SOCIAL SECURITY #	BIRTH DATE	RELATIONSHIP	%

If I have heretofore, at any previous time, designated a beneficiary or contingent beneficiary under the said employer, this instrument shall operate as a change of beneficiary. The right to change or revoke this designation and all other rights are reserved to the participant without the consent of any beneficiary.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*This form requires a notary if not witnessed in the presence of a Board Member or Pension Fund staff.\*\*\*\*\*

\_\_\_\_\_  
Notary Public  
My Commission expires:

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.