

CHANGE OF NOMINATION OF BENEFICIARY

City of Warren Police and Fire Retirement System

I hereby revoke and cancel my previous nomination of beneficiary, and direct the Board of Trustees of the City of Warren Police & Fire Retirement System, in event of my death before becoming eligible for pension benefits provided by the Retirement System, to pay the amount of accumulated contributions standing to my credit in the Members Deposit Fund to:

_____ born _____, my _____
(Full Name of Beneficiary) *(Date of Birth)* *(Relationship of Beneficiary)*

whose Social Security Number is _____ and whose residence address is _____

if living; otherwise to _____ born _____
(Full Name of Contingent Beneficiary) *(Date of Birth)*

my _____ whose residence address is _____
(Relationship)

if living, otherwise to my legal representatives.

Dated this _____ day of _____, 20____

(Signature of Member)

(Signature of Witness)

(Print Name)