

**DESIGNATION OF BENEFICIARY**

If the Board approves my application for early retirement benefits and I die before I receive the Benefit, I direct the Board to pay the Benefit to:

\_\_\_\_\_  
Name of Beneficiary

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

Print Full Name \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_