



CITY OF MEMPHIS LIFE INSURANCE RETIREE BENEFICIARY CHANGE FORM

DEATH BENEFIT

**LIFE CONTRIBUTORY
UPDATE BENEFICIARY**

VOLUNTARY LIFE

SOCIAL SECURITY #	LAST	FIRST	MIDDLE	MO	DAY	YR	MO	DAY	YR	SEX
	<small>EMPLOYEE NAME</small>			<small>DATE OF BIRTH</small>			<small>DATE OF HIRE</small>			

IT IS YOUR RESPONSIBILITY TO KEEP YOUR BENEFICIARIES CURRENT

▲ Death Benefit

A total amount of **\$5,000.00** is provided to all City of Memphis Retirees.

*If a beneficiary is a minor, or if the benefit is payable to the estate it is required that a guardian or a legal representative be appointed prior to payment of the benefit.

Death Benefit Primary:

NAME, ADDRESS, TELEPHONE NUMBER OF BENEFICIARY(IES)	PERCENT	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO RETIREE (Spouse, parent, etc.)
		/ /	- -	
		/ /	- -	

Life Contributory Primary:

NAME, ADDRESS, TELEPHONE NUMBER OF BENEFICIARY(IES)	PERCENT	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO RETIREE (Spouse, parent, etc.)
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Voluntary Life Primary:

NAME, ADDRESS, TELEPHONE NUMBER OF BENEFICIARY(IES)	PERCENT	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO RETIREE (Spouse, parent, etc.)
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Note: If you wish to designate contingent beneficiaries, please attach a separate sheet of paper. A Contingent Beneficiary will receive benefits only if the Primary Beneficiary does not survive you. I understand that the above named Beneficiary (ies) is for the City of Memphis Death Benefit, Contributory and/or Voluntary Life upon death.

RETIREE SIGNATURE

DATE

TIME

BENEFITS REPRESENTATIVE

DATE