



City of Marietta/Board of Lights and Water
Beneficiary Designation Form
Consolidated Retirement Plan – Employee Retirement Fund

Name of Employee: _____ Dept.: _____

Employee's Social Security Number: _____

Marital Status:

- Married with spouse as sole beneficiary
Single (including widowed, divorced, or legally separated)
Married, spouse not sole primary beneficiary (spouse's consent required)

In the event of my death and in accordance with the refund of participant contributions for the Consolidated Retirement Plan, I hereby designate the following as my beneficiary (ies):

Primary Beneficiary Designation

Name: _____ Social Security Number: _____

Address: _____

City State ZIP Code

Relationship: _____ Date of Birth: _____

Contingent Beneficiary Designation

Name: _____ Social Security Number: _____

Address: _____

City State ZIP Code

Relationship: _____ Date of Birth: _____

Employee Signature Date

Human Resources Department Representative Date

Spousal Consent:

I, _____, do swear and affirm that I am the legal spouse of _____, a Participant in the Plan. I hereby acknowledge and consent to the beneficiary designation made by my spouse on _____, which does not name me as a beneficiary. I understand that, as a result of this consent, I will not be entitled to any payment under this Plan. I further acknowledge that my consent to such designation is irrevocable unless my spouse files a new Beneficiary Designation Form with the Plan Administrator.

Spouse's Signature: _____ Date _____

Notarization:

Signed or attested before me on _____ by _____
(Name of Notary)

State of _____ County _____

(Seal)

Expiration Date: _____