



WASHINGTON COUNTY RETIREMENT MEMBER DATA AND DESIGNATION OF BENEFICIARY FORM

FULL NAME OF MEMBER (Please Print)	DATE OF BIRTH	SEX	SSN NUMBER
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IN ACCORDANCE WITH THE PROVISIONS OF THE COUNTY PENSION LAW, ACT NO. 96 OF 1971 AS AMENDED, I HEREBY NOMINATE:

PRIMARY BENEFICIARY(IES)

Full Name and Address (Please Print)	Percentage * (Must Total 100%)	Date of Birth	Relationship	Social Security Number

- If no percentages are indicated, benefits will be divided equally between all primary beneficiaries.

CONTINGENT BENEFICIARY(IES) (applicable only if primary beneficiary(ies) as listed above are deceased)

Full Name and Address (Please Print)	Percentage * (Must Total 100%)	Date of Birth	Relationship	Social Security Number

- If no percentages are indicated, any benefits payable to contingent beneficiaries will be divided equally between all contingent beneficiaries.

DATE	SIGNATURE OF MEMBER	OFFICIAL USE ONLY (HRAUTHORIZATION)
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