



SUFFOLK COUNTY MUNICIPAL EMPLOYEES BENEFIT FUND
DESIGNATION OF BENEFICIARY FORM
\$10,000 BEREAVEMENT BENEFIT

Please PRINT: Submit the original and one copy of this form to your payroll representative. Retain one copy for your records.

NAME: _____ SSN: _____
HOME ADDRESS: _____ FORMER NAME: _____
CITY, STATE: _____ DATE OF BIRTH: _____

I hereby name the following Beneficiary(s) to receive any ordinary death benefit, payable on my behalf. I reserve the right to change the designation at any time.

1. NAME: _____ SSN _____
HOME ADDRESS: _____ RELATIONSHIP _____
CITY, STATE: _____ DATE OF BIRTH: _____

2. NAME: _____ SSN _____
HOME ADDRESS: _____ RELATIONSHIP _____
CITY, STATE: _____ DATE OF BIRTH: _____

CONTINGENT BENEFICIARY

If the above named beneficiary predeceases me, any ordinary death benefit payable on my behalf shall be paid to the following. I reserve the right to change my designation at any time.

NAME: _____ SSN _____
HOME ADDRESS: _____ RELATIONSHIP _____
CITY, STATE: _____ DATE OF BIRTH: _____

MEMBER'S SIGNATURE

DATE