



SUFFOLK COUNTY MUNICIPAL EMPLOYEES BENEFIT FUND DESIGNATION OF BENEFICIARY FORM

\$25,000 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: _____

MEMBER'S SIGNATURE

DATE

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

1. NAME: _____ SSN: _____

HOME ADDRESS: _____ RELATIONSHIP: _____ BENEFICIARY
CONTINGENT
(Check Only One)

CITY, STATE: _____ DATE OF BIRTH: _____

2. NAME: _____ SSN: _____

HOME ADDRESS: _____ RELATIONSHIP: _____ BENEFICIARY
CONTINGENT
(Check Only One)

CITY, STATE: _____ DATE OF BIRTH: _____

3. NAME: _____ SSN: _____

HOME ADDRESS: _____ RELATIONSHIP: _____ BENEFICIARY
CONTINGENT
(Check Only One)

CITY, STATE: _____ DATE OF BIRTH: _____

4. NAME: _____ SSN: _____

HOME ADDRESS: _____ RELATIONSHIP: _____ BENEFICIARY
CONTINGENT
(Check Only One)

CITY, STATE: _____ DATE OF BIRTH: _____