

BAY COUNTY EMPLOYEES' RETIREMENT SYSTEM
Change of Nomination of Beneficiary

Employee Name: _____ Group: _____
Please print

Employee SS# _____

List all last names previously used: _____

I hereby revoke and cancel my previous nomination of beneficiary and direct the Board of Trustees of the Bay County Employees' Retirement System to pay the accumulated contributions standing to my credit in event of my death before my retirement to:

Full name of beneficiary: _____

Relationship of beneficiary: _____

Beneficiary Date of birth: _____

Address of beneficiary: _____
Street Address

_____ City State Zip

if living, otherwise, to:

Name of contingent beneficiary: _____

Relationship of contingent beneficiary: _____

Date of birth of contingent beneficiary: _____

provided, in the event I leave no other estate sufficient to pay my funeral expenses I agree that said expenses may be paid from said account by the Board of Trustees.

Dated at Bay City, Michigan _____
date

Signature of employee

Signature of witness

Street address

_____ City State Zip