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| CHANGE OF BENEFICIARY (Retirement Only) |
| Check the appropriate box(es): [ ]  Death Benefit [ ]  DROP [ ]  Service Annuity |
| Member Information |
|  |
| Name |       | Social Security No. |       |  |
|  |
| Address |       | City/State/Zip |       |  |
|  |
| Phone | (   )      | E-mail |       |  |
|  |
| In accordance with the provisions of Act 454 of 1949, I hereby appoint and designate the following named persons as the beneficiary to whom I request the Board of Trustees of ASHERS to pay in the event of my death, the benefits to which the beneficiary shall be entitled. Payment so made shall be a complete discharge of the claims and shall constitute a release of the System from any further obligations on account of my interest in the System. |
| ***Member Signature*** |  | ***Date*** |  |  |
|  |
| **Primary**/**Secondary Beneficiary (Circle One)** |
| Name |       | Social Security No |       |  |
|  |
| Relationship |       | Date of Birth |       |  |
|  |
| Address |       | City/State/Zip |       |  |
|  |  |
| Phone | (   )      | E-mail |       |  |
|  |
| If minor, |       | “as custodian for  |       | under the Arkansas Uniform Transfer to Minors Act” |
|  | (Custodian Name) |  | (Name of minor) |  |
| **Primary**/**Secondary Beneficiary (Circle One)** |
| Name |       | Social Security No |       |  |
|  |
| Relationship |       | Date of Birth |       |  |
|  |
| Address |       | City/State/Zip |       |  |
|  |  |
| Phone | (   )      | E-mail |       |  |
|  |
| If minor, |       | “as custodian for  |       | under the Arkansas Uniform Transfer to Minors Act” |
|  | (Custodian Name) |  | (Name of minor) |  |
| Primary/Secondary Beneficiary (Circle One) |
| Name |       | Social Security No |       |  |
|  |
| Relationship |       | Date of Birth |       |  |
|  |
| Address |       | City/State/Zip |       |  |
|  |  |
| Phone | (   )      | E-mail |       |  |
|  |
| If minor, |       | “as custodian for  |       | under the Arkansas Uniform Transfer to Minors Act” |
|  | (Custodian Name) |  | (Name of minor) |  |
| Notary Public |
| State of |  | County of |  | . On this |  | day of |  | , |  | , personally  |
|  |
| appeared before me the said named |  | , to be known to me to be the person described in and who executed |
|  |
| the foregoing instrument and this person acknowledges the execution of the same and being duly sworn to me, made oath that the statements in the application are true. |
|  |
|  |  |  |  |  |  |  | Notary Public |  |  |
|  |  | (SEAL) |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | My Commission Expires |  |  |
|  |  |  |  |  |  |  |  |  |  |
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(A fully executed original of this form must be filed with the Executive Secretary if the *Beneficiary* is changed from the one named in the application.)