



Town of Darien Employee Retirement Plan CONTINGENT BENEFICIARY DESIGNATION FORM

In accordance with the terms and provision of the Town of Darien Employee Retirement Plan, I hereby designate the following person(s) as my beneficiary.

I have elected upon my death to provide my spouse _____ whose date of birth is _____ with a _____ survivorship option and as primary beneficiary.

If, my spouse precedes me in death or if I do not have a spouse at the time of my retirement, and at the time of my death, my retirement plan payments have not exceeded the amount of my retirement plan contributions, I wish the balance of my retirement plan contributions to be paid to the following contingent beneficiaries in the designated proportions:

Employee's contingent beneficiary(ies) Name and address:	Relationship	Social Security Number	Date of Birth	% total must equal 100%
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If at the time of my death, my retirement plan payments have exceeded my contributions, I understand there is no additional retirement plan benefit available to any beneficiary(ies).

Printed Name of Member: _____

Signature of Member: _____ Date: _____

Updated on: March 8, 2018