

FULTON COUNTY SCHOOLS EMPLOYEES' PENSION FUND

6201 Powers Ferry Rd NW • Atlanta, GA 30339 • Phone (470) 254-0102 • Fax (866) 500-9747

Beneficiary Election Form

To Be Completed by Member -- please print clearly or type all information.

I wish to make changes to my record as checked here and for the section(s) filled out below. (Please check all that apply)

Designation of Beneficiary(ies)

Your Information

Please print clearly or type all personal information. Incomplete information will delay the processing of your retirement benefit.

_____ Member Social Security Number

_____ Last Name _____ First Name _____ Initial

_____ Address _____

_____ City _____ State _____ Zip Code

Name Change

If your name has changed, please complete this section. You must attach a copy of your new social security card with your correct name.

_____ Old Name (Last, First, Middle/Maiden Name)

_____ New Name (Last, First, Middle/Maiden Name)

Primary Beneficiary(ies) Designation

Please use this section to change primary beneficiary designations.

1. _____
Name of Beneficiary _____ Date of Marriage _____
_____ Address _____ City _____ State _____ Zip Code _____
_____ Social Security Number _____ Date of Birth _____ Sex (M or F) _____ Relationship to Me _____
Percentage of available benefits be paid to this beneficiary _____ %
2. _____
Name of Beneficiary _____ Date of Marriage _____
_____ Address _____ City _____ State _____ Zip Code _____
_____ Social Security Number _____ Date of Birth _____ Sex (M or F) _____ Relationship to Me _____
Percentage of available benefits be paid to this beneficiary _____ %
3. _____
Name of Beneficiary _____ Date of Marriage _____
_____ Address _____ City _____ State _____ Zip Code _____
_____ Social Security Number _____ Date of Birth _____ Sex (M or F) _____ Relationship to Me _____
Percentage of available benefits be paid to this beneficiary _____ %

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Secondary Beneficiary(ies) Designation

Please use this section to change secondary beneficiary designations as well as the percentage allocated to each. The total percentage for secondary beneficiaries must equal 100%

1.	_____	_____	_____	_____
	Name of Beneficiary			Date of Marriage
	_____	_____	_____	_____
	Address	City	State	Zip Code
	_____	_____	_____	_____
	Social Security Number	Date of Birth	Sex (M or F)	Relationship to Me
	Percentage of available benefits be paid to this beneficiary _____ %			
2.	_____	_____	_____	_____
	Name of Beneficiary			Date of Marriage
	_____	_____	_____	_____
	Address	City	State	Zip Code
	_____	_____	_____	_____
	Social Security Number	Date of Birth	Sex (M or F)	Relationship to Me
	Percentage of available benefits be paid to this beneficiary _____ %			
3.	_____	_____	_____	_____
	Name of Beneficiary			Date of Marriage
	_____	_____	_____	_____
	Address	City	State	Zip Code
	_____	_____	_____	_____
	Social Security Number	Date of Birth	Sex (M or F)	Relationship to Me
	Percentage of available benefits be paid to this beneficiary _____ %			
4.	_____	_____	_____	_____
	Name of Beneficiary			Date of Marriage
	_____	_____	_____	_____
	Address	City	State	Zip Code
	_____	_____	_____	_____
	Social Security Number	Date of Birth	Sex (M or F)	Relationship to Me
	Percentage of available benefits be paid to this beneficiary _____ %			

In the event of my death, if I have paid for beneficiary coverage with the Fulton County Schools Employees' Pension Fund and have completed 10 years of creditable service; a monthly pension benefit will be paid to my spouse. If my spouse does not survive me, then the benefit will be paid to my minor child(ren) until they attain the age of 21. If there is not a surviving spouse or minor child(ren) or if I have not elected beneficiary coverage with the Fulton County Schools Employees' Pension Fund or if I have not attained 10 years or more of creditable service, then I wish for the listed beneficiary(ies) to receive a lump sum settlement of my contributions.

Before mailing this form, please be sure to:

- Fill out completely. Incomplete forms will be returned to you and not processed.
- Sign and date the form.
- Your records will be updated when the correct, completed form is received in Pension Services.
- Completing this form revokes any prior information on file.

Your Signature _____

I certify that the information contained in this document has been filled out by myself and that the changes made will be effective on the date this form is received in Pension Services and revokes any prior information on file.

Signature _____

Date _____