



## El Paso County Retirement Plan

2880 INTERNATIONAL CR., STE. N030  
COLORADO SPRINGS, CO 80910

[epcrpsupport@elpasoco.com](mailto:epcrpsupport@elpasoco.com)  
PH (719) 520-7490  
FAX (719) 520-7495

## Beneficiary Designation Form

Must be typed or completed in ink

\_\_\_\_\_  
Members Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Marital Status

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date of Hire

### PRIMARY BENEFICIARY(IES):

I hereby designate the person(s) named below as my primary beneficiary(ies) to receive benefits in the event of my death. The share of any primary beneficiary who is no longer living or is otherwise disqualified by law at the time of my death, will pass to any remaining beneficiary(ies) in equal shares. Attach additional primary beneficiary information to this form if needed.

1. \_\_\_\_\_ %  
Name Date of Birth Relationship SSN

\_\_\_\_\_  
Address Phone Number Email

2. \_\_\_\_\_ %  
Name Date of Birth Relationship SSN

\_\_\_\_\_  
Address Phone Number Email

3. \_\_\_\_\_ %  
Name Date of Birth Relationship SSN

\_\_\_\_\_  
Address Phone Number Email

**CONTINGENT BENEFICIARY(IES):**

I hereby designate the person(s) below as my contingent beneficiary(ies) who will receive payment only if all primary beneficiary(ies) predecease me or are otherwise disqualified by law. Attach additional contingent beneficiary information to this form if needed.

1. \_\_\_\_\_ %  
Name Date of Birth Relationship SSN  
\_\_\_\_\_  
Address Phone Number Email

2. \_\_\_\_\_ %  
Name Date of Birth Relationship SSN  
\_\_\_\_\_  
Address Phone Number Email

3. \_\_\_\_\_ %  
Name Date of Birth Relationship SSN  
\_\_\_\_\_  
Address Phone Number Email

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

**IF YOU ARE MARRIED AND NAME SOMEONE OTHER THAN YOUR SPOUSE** as primary beneficiary, this form must be signed by your spouse and your spouse's signature must be notarized or, if not notarized, witnessed by a Plan representative, indicating that your spouse agrees to this beneficiary election.

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary or Plan Representative \_\_\_\_\_ Date \_\_\_\_\_  
(Seal)

My Commission Expires: \_\_\_\_\_

Retirement Office Only
Received _____
Processed _____
Confirmation _____
Scanned _____