



**EL PASO COUNTY RETIREMENT PLAN**  
 2880 INTERNATIONAL CR., SUITE N030  
 COLORADO SPRINGS, CO 80910

PH (719) 520-7490  
 FAX (719) 520-7495

# CHANGE OF BENEFICIARY FORM

Must be typed or completed in ink.

Member's Name \_\_\_\_\_

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

**REASON FOR CHANGE:**

Attach substantiating documentation (Marriage License, Divorce Decree, Death Certificate, Court Order, etc.)

Divorce  Marriage  Death  Other

**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 SSN Relationship Address

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

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

**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 SSN Relationship Address

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

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

The foregoing beneficiary designation supersedes any previous designation and the right is reserved to revoke or change this designation.

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

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

Date \_\_\_\_\_

Notary \_\_\_\_\_

Date \_\_\_\_\_

(Seal)

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

Retirement Office Only	
Processed by _____	Initials _____
Date _____	
Scanned by: _____	Initials _____
Date _____	