



El Paso County Retirement Plan

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

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

Beneficiary Designation Form

Must be typed or completed in ink

Member's Name _____ Social Security Number _____

Date of Birth _____ Date of Hire _____ Marital Status _____

REASON FOR CHANGE: New Hire _____ Divorce _____ Marriage _____ Death _____ Other _____
Attach substantiating documentation (Marriage License, Divorce Decree and Separation Agreement, Death Certificate, etc.)

PRIMARY BENEFICIARY:

I hereby designate the person named below as my primary beneficiary to receive benefits in the event of my death. If you would like to designate more than one primary beneficiary, or if you are married and would like to designate someone other than your spouse as primary beneficiary, please contact the retirement office for the correct form.

1. _____ %
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. All designations in this section must total to 100%. If you would like to designate additional contingent beneficiaries, please contact the retirement office for the correct form.

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