

Defined Benefits Designation/Change of Beneficiary Form

Plan Name: City of Alexandria Firefighters and Police Officers Pension Plan
Contract Number: 17147

Please return completed form to: Prudential Retirement
Attn: DB Operations
500 Main Street
Dubuque, IA 52001-9660

1 Participant Information *(Please Print)*

Name: _____ Social Security Number: _____ - _____ - _____
Address: _____ Marital Status: Married Single
City: _____ State: _____ Zip Code: _____ Do you live in a Community Property State?
 No Yes
Daytime Phone Number: (_____) _____ - _____ Email Address (Optional): _____

2 Designation/Change of Beneficiary

In accordance with the provisions of the Plan, I hereby:

Designate the following beneficiary

Change my beneficiary to the following person

If you choose to have more than one beneficiary, please use a separate sheet and attach to this form.

Name: _____ Social Security Number: _____ - _____ - _____
Address: _____ Birthdate: ____/____/____
City: _____ State: _____ Zip Code: _____ Relationship: _____

3 Certification and Authorization

Unless otherwise provided herein, if more than one beneficiary is named, payments shall be made in equal shares to each beneficiary who survives the Participant. If no beneficiary survives the Participant or if there is no name on file, PAYMENT SHALL BE MADE IN ACCORDANCE WITH THE PROVISION OF THE PLAN. The right to further change the beneficiary is reserved to the Participant without consent of the beneficiary. This designation supercedes any other that may have been previously made.

Participant's Signature: _____ Date: _____

Notary Public Signature: _____ Date: _____

* Notarization requires Notary stamp or seal and Notary expiration date.