

**CITY OF MONTGOMERY RETIRED EMPLOYEE
DESIGNATION OF BENEFICIARY**

On this form, you need to designate the person(s) you wish to leave the proceeds from your City Life Insurance Policy in the event of your death.

If you name more than one Primary Beneficiary, unless you direct otherwise, they will share equally.

If you fail to select a Primary Beneficiary, any life insurance to which you may be entitled will be paid to your estate.

If a Primary Beneficiary dies before you, that Beneficiary's interest and right to recover will end. If you name two or more Primary Beneficiaries, and one of them dies before you, the remaining Beneficiary or Beneficiaries will be paid all of your life insurance benefits. You have the right to designate one or more persons to be Contingent Beneficiaries. If your Primary Beneficiary(ies) dies before you, instead of the proceeds going to your estate, the money would be paid to the Contingent Beneficiaries who survive you.

If any Primary Beneficiary or Contingent Beneficiary is a minor (under the age of 19 and has not has his/her disabilities of non-age removed) or is mentally incapacitated, the City will pay the person's share of the proceeds to such Beneficiary's court-appointed guardian.

It is your right and responsibility to change your Beneficiary(ies) at any time before your death, should you wish to do so, by completing a new form designating your new Beneficiary(ies). The change will become effective on the date the form is signed.

PLEASE MAKE SURE THIS FORM IS COMPLETE BEFORE YOU SIGN AND DATE IT.

RETIREE'S NAME: _____

RETIREE'S SOC SEC NUMBER: _____

RETIREE'S DATE OF BIRTH: _____

PRIMARY BENEFICIARY(IES)

NAME	RELATIONSHIP	DATE OF BIRTH	SOC SEC #
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A. _____

B. _____

C. _____

ADDRESS

A. _____

B. _____

C. _____

(CONTINUED ON BACK)

RETIREE INITIAL

CONTINGENT BENEFICIARY(IES)

NAME	RELATIONSHIP	DATE OF BIRTH	SOC SEC #
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A. _____

B. _____

C. _____

ADDRESS

A. _____

B. _____

C. _____

RETIREE'S SIGNATURE: _____ DATE: _____

I D VERIFICATION: _____

WITNESSED BY (SIGN NAME): _____ DATE: _____

WITNESSED BY (PRINT NAME): _____

Return completed form to the Risk Management Benefits Division
City Hall
103 N. Perry St.
Montgomery, AL 36104