KALAMAZOO COUNTY EMPLOYEES' RETIREMENT SYSTEM

BENEFICIARY DESIGNATION FORM

In the event of my death before retirement, I _____

whose social security number is _____ , hereby direct the Retirement Commission of the Kalamazoo County Employees' Retirement System to pay my pension benefits to my spouse

Full Legal Name of Spouse	Sex	Date of Birth	Social Security Number

Street Address _____

City	State	Zip

Home Phone	Work Phone	Other Phone

If the above information is blank, I am unmarried/divorced/widowed at the present time and wish to revoke my previous nomination of beneficiary. In executing this "Beneficiary Designation Form" I hereby declare that any and all previous nominations shall become null and void.

Signature Of Member _____ Date _____

RETURN ORIGINAL COPY ALONG WITH REQUIRED DOCUMENTATION TO:

County of Kalamazoo
Human Resources Department
201 West Kalamazoo Avenue
Kalamazoo, MI 49007

REQUIRED DOCUMENTATION FOR BENEFICIARY CHANGES:

*If adding a new spouse, please submit a copy of your marriage license and spouse's birth certificate.
*In case of divorce or death of spouse, please submit a copy of your divorce decree and spouse's death certificate.