

Kent



County

Kent County Levy Court
Administrative Complex
555 Bay Road
Dover, Delaware 19901
(Handicapped Accessible)

Personnel Office
EQUAL OPPORTUNITY EMPLOYER
www.co.kent.de.us

Allan Kujala
Personnel Director
Phone: 302-744-2310
Fax: 302-736-2262
personnel@co.kent.de.us

DESIGNATION OF PENSION BENEFICIARY

In the event of my death prior to the eligibility date to receive Kent County pension benefits, I

_____, hereby designate
Name of vested Pension Plan Participant (print clearly)

<i>Employee's Primary Beneficiary*</i>	<i>Relationship to Employee</i>	<i>Date of Birth</i>	<i>% (total must equal 100%)</i>
<i>Employee's Contingent Beneficiary(ies)*</i>	<i>Relationship to Employee</i>	<i>Date of Birth</i>	<i>% (total must equal 100%)</i>

as my beneficiary to receive any such vested Pension Benefit as may be provided by the Kent County Employee Retirement Program. *(This signed form must be on file in the Personnel Office to be valid.)*

Signature of vested Pension Plan Participant

Date

Mailing address

Phone #

***PLEASE WRITE ADDRESS & CONTACT INFORMATION FOR BENEFICIARY(IES) ON BACK OF THIS FORM.**

SPOUSAL RELEASE OF CLAIM TO PENSION BENEFITS

Spouses are automatically entitled to receive the pension benefit of a vested employee or vested former employee in the event of his/her death prior to the eligibility date to receive Kent County pension benefits unless such benefit is waived by the eligible lawful spouse. **(Must be signed in front of a notary public)**

I, _____, the spouse of
Name of Spouse waiving beneficiary rights (print clearly)

Name of vested Pension Plan Participant

Pension Plan Participant's Mailing Address

hereby relinquish my right as beneficiary to any vested pension benefit as the spouse of a participant as may be provided by the Kent County Employee Retirement Program.

Signature of spouse waiving beneficiary rights

Date

Sworn to and subscribed before me this _____ day of _____ A.D. 20_____.

My commission expires _____

Notary Public