



Howard County Retirement Plan Designation of Beneficiary

Use this form to designate the person (or persons) to receive a benefit under the Howard County Retirement Plan in the event of your death. After you complete the form, keep a copy for your records and forward the original to the Office of Human Resources. Your designation will be effective when it is completed and returned to the Office of Human Resources. Please refer to page 13 of the Summary Plan Description for more information regarding the Plan's Death Benefit and the designation of beneficiaries.

Participant Information (Please print or type)

Participant's Name Social Security Number Date of Birth

Participant's Address

Primary Beneficiary Information (Please print or type)

All money shall be paid in equal shares to the primary beneficiary(ies) listed below who are living at the time of your death.

Primary Beneficiary Name Relationship Date of Birth

Primary Beneficiary Address

Primary Beneficiary Name Relationship Date of Birth

Primary Beneficiary Address

Secondary Beneficiary Information (Please print or type)

If no primary beneficiary is living at the time of your death, all money shall be paid in equal shares to the secondary beneficiary(ies) listed below who are living at the time of your death.

Secondary Beneficiary Name Relationship Date of Birth

Secondary Beneficiary Address

Secondary Beneficiary Name Relationship Date of Birth

Secondary Beneficiary Address

I authorize and agree to the terms and conditions of the Howard County Retirement Plan as they apply to the elections I have made on this form. This beneficiary designation supersedes all previous designations.

Signature
HCRP-2 (11/05)

Date