



Howard County Police & Fire Employees' Retirement Plan Designation of Beneficiary

Use this form to designate the person (or persons) to receive a benefit under the Howard County Police & Fire Employees' 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. **NOTE:** You should read the Summary Plan Description carefully before making your beneficiary designation. The amount & type of benefit which can be paid from the Plan is determined by who your beneficiary is (e.g., spouse, child, et cetera), how your beneficiary is designated (e.g., primary or secondary) and whether your death occurs in the line of duty.

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)

Primary Beneficiary Name Percent Relationship Date of Birth

Primary Beneficiary Address

Primary Beneficiary Name Percent Relationship Date of Birth

Primary Beneficiary Address

Secondary Beneficiary Information (Please print or type)

Secondary Beneficiary Name Percent Relationship Date of Birth

Secondary Beneficiary Address

Secondary Beneficiary Name Percent Relationship Date of Birth

Secondary Beneficiary Address

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

Signature

PF--2 (06/06)

Date