

## 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 typ	e)	
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Participant's Name	,	Social Security Number	Date of Birth
Participant's Address		gangan saman anjawanian sia mad decide katesi Sahadi Badas Produkti 1200 data anjab 4 kiya tilang sa dadii alb	
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Primary Beneficiary Info	rmation (Please pr	rint or type)	Lakaran mengangan pengangan pengangan pengangan pengangan pengangan pengangan pengangan pengangan pengangan pe
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Primary Beneficiary Address		autoro esperado de la comercia de l	
Primary Beneficiary Name	Percent	Relationship	Date of Birth
Primary Beneficiary Address			
Secondary Beneficiary In	nformation (Please	print or type)	
Secondary Beneficiary Name	Percent	Relationship	Date of Birth
Secondary Beneficiary Address		gyrdgyn thippyynin y Child a thi Thirthiad Child a tha think a	
Secondary Beneficiary Name	Percent	Relationship	Date of Birth
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		vard County Police & Fire Employees's beneficiary designation supersedes a	
Signature		Date	