

Georgia Municipal Employees Benefit System (GMEBS)

The Burgess Building
201 Pryor Street, SW, Atlanta, GA 30303-3606 * Fax (678) -686-6244 * VIA SECURE email: adminretire@gacities.com

PRE-RETIREMENT BENEFICIARY DESIGNATION FORM

Section 1: EMPLOYEE INFORMATION

EMPLOYEE NAME:							
	(FIRST)		(MIDDLE)		(LAST)		
SOCIAL SECURITY NU	MBER:				Gender:	Male	Female
EMPLOYER NAME:				_ EMPLOYM	IENT STAR	Γ DATE:	
Section 2: PRIMARY BENEFICIARY (Must designate a PERSON, cannot designate ESTATE OR TRUST)							
I hereby designate the fol BENEFICIARY, to receiv and subject to the terms Municipal Employees Ber	ve pre-retireme and condition	ent death ben ns of my Ei	efits, if any, wh	ich may be pa	yable on my	behalf in	accordance with
Primary Beneficiary's Full	ll Name:	ID CEN	(A III)	DI E)	/I A 07	7)	
	(F)	IRST)	(MIDI	DLE)	(LAST	1)	
Date of birth:(month)	(day)	(year)	Social Security	Number:			
Gender: Male Fe	male Rel	lationship to	me:				
Primary Beneficiary's Ad				(Cit-)	(54-4-	(7:	- C-1-)
	(Numb	er and street	or rural route)	(City)	(State) (Z1	p Code)
(Mi			CONDARY B , cannot desig			(ST)	
SECONDARY (continged my behalf in the event that the terms and conditions System (GMEBS): Secondary Beneficiary's I	at my designate of my Employ	ed PRIMARY rer's Retirem	/ BENEFICIAR ent Plan admini	Y does not su	rvive me by	at least 32	2 days, subject to
, , ,		(FIRST)		IDDLE)	(I	LAST)	
Date of birth:(Month)		Year)	Social Security	Number:			
Gender: Male Fe	male Rel	lationship to	me:				
Secondary Beneficiary's	Address:						
	(Nun	nber and stre	et or rural route) (City)) (Stat	e) ((Zip Code)
Section 4: EMPLOYEE SIGNATURE							
I certify that the above designation applies only t a retirement benefit. I als Pension Committee Secretary designation for revoke any prior designation	o pre-retirements o understand the tary a new born I complet	nt death bene that in order beneficiary d	fits that may be to change this designation form	payable in the designation, I n. I further	e event that I must comple understand t	die <u>before</u> te, sign, a hat only	e I begin drawing and submit to the the most recent
Date Signed:(Month)	(Day)	(Year)			(Signature of	f Employe	ee)
	EMPI O	YEES DO	NOT WRITE B	BELOW THIS	S LINE		
Saa						DV	
Sec	uon 3. KEC	EH I DI I	PENSION CO	TVIIVII I I EE	SECKE 1A	11/1	
Date Form Received:(Mo	onth) (Day)	(Year)		(Signature of	Pension Con	nmittee Se	ecretary)