

RECEIVED BY:____

City of Knoxville Pension System 917B East Fifth Avenue Knoxville, TN 37917-7737

Phone: (865) 215-1444 Fax: (865) 215-1440

DATE:_____

DESIGNATION OF BENEFICIARY

Member's Full Name:				Knox ID:		
PRIMARY BENE	FICIARI	ES				
FIRST NAME	M.I.	LAST NAME	%	RELATIONSHIP	DATE OF BIRTH	
ADDRESS (Number and Street)			(City)	(State)	(Zip Code)	
FIRST NAME	M.I.	LAST NAME	%	RELATIONSHIP	DATE OF BIRTH	
ADDRESS (Number and Street)			(City)	(State)	(Zip Code)	
FIRST NAME	M.I.	LAST NAME	%	RELATIONSHIP	DATE OF BIRTH	
ADDRESS (Numb	er and Stre	eet)	(City)	(State)	(Zip Code)	
CONTINGENT B	ENEELCI	[A DIES				
FIRST NAME	M.I.	LAST NAME	%	RELATIONSHIP	DATE OF BIRTH	
ADDRESS (Numb	er and Stre	eet)	(City)	(State)	(Zip Code)	
FIRST NAME	M.I.	LAST NAME	%	RELATIONSHIP	DATE OF BIRTH	
ADDRESS (Number and Street)		(City)	(State)	(Zip Code)		
the primary benefic and if no benefician I understand that, it beneficiaries in pro	tiary, if he by survives I name magnetion to tooke my do	or she survives me; and me, then to my estate. ore than one beneficiary the percentages stated al	if no primary bene the Pension Board bove (or equally, if	ficiary survives me, then will divide sums payab I stated no percentages)	ystem by reason of my death to n to the contingent beneficiary: le among my surviving of I further understand that new beneficiary designation to	
I reserve the right to Pension Board and	o change a be receive		the Pension Board	Office prior to my death	on a form authorized by the n. This designation will remain ons I have made.	
in effect until revol				D. (
				Date:		