City of Knoxville Pension System
Public Safety Complex
1650 Huron Street
Knoxville, TN 37917
Phone: (865) 215-7750
Fax: (865) 215-7758

DESIGNATION OF BENEFICIARY

For use by Non-Vested Employees Only

Member's Full Name:_____ **Employee ID:**_____

PRIMARY BENEFICIARIES

1. _____ _____ _____ _____
Beneficiary's Full Name **Relationship** **Date of Birth** **Percentage**

_____ _____
Street Address, City, State, & Zip **Phone Number**

2. _____ _____ _____ _____
Beneficiary's Full Name **Relationship** **Date of Birth** **Percentage**

_____ _____
Street Address, City, State, & Zip **Phone Number**

CONTINGENT BENEFICIARIES

1. _____ _____ _____ _____
Beneficiary's Full Name **Relationship** **Date of Birth** **Percentage**

_____ _____
Street Address, City, State, & Zip **Phone Number**

2. _____ _____ _____ _____
Beneficiary's Full Name **Relationship** **Date of Birth** **Percentage**

_____ _____
Street Address, City, State, & Zip **Phone Number**

_____ Mark here if you need to designate additional beneficiaries than the space above allows and a second page is required.

I hereby direct the Pension Board to pay all sums payable under the City of Knoxville Pension System by reason of my death to the primary beneficiary, if he or she survives me; and if no primary beneficiary survives me, then to the contingent beneficiary; and if no beneficiary survives me, then to my estate.

I understand that, if I name more than one beneficiary the Pension Board will divide sums payable among my surviving beneficiaries in proportion to the percentages stated above (or equally, if I stated no percentages). I further understand that divorce will not revoke my designation of my spouse as a beneficiary and that I must execute a new beneficiary designation to revoke my prior designation.

I reserve the right to change at any time the designations made above. Any such change must be on a form authorized by the Pension Board and be received and acknowledged by the Pension Board Office prior to my death. This designation will remain in effect until revoked by a new beneficiary designation. I hereby revoke any previous designations I have made

Member Signature: _____ Date: _____

Witness Signature: _____ Date: _____

OFFICE USE ONLY

RECEIVED BY:_____ DATE: _____