

# Gallatin Department of Electricity

## Beneficiary Designation Form

If you elect a Year Certain or Joint & Survivor form of benefit, you are entitled to designate a beneficiary(ies) who will receive distribution of your benefits upon your death. If you do not elect a beneficiary, the Plan will determine your beneficiary. Please complete the following to designate a beneficiary(ies).

<b><i>If I die, any remaining benefits will be paid to:</i></b>			<b><i>NOTE: The % of benefit must add to 100%</i></b>	
Primary Beneficiary #1:	Social Security Number:	Date of Birth:	% of Benefit:	Relationship:
Address (No., Street, City, State, Zip Code)				
Primary Beneficiary #2:	Social Security Number:	Date of Birth:	% of Benefit:	Relationship:
Address (No., Street, City, State, Zip Code)				
<b><i>If my Primary Beneficiary(ies) dies before me, any remaining benefits will be paid to:</i></b>			<b><i>NOTE: The % of benefit must add to 100%</i></b>	
Contingent Beneficiary #1:	Social Security Number:	Date of Birth:	% of Benefit:	Relationship:
Address (No., Street, City, State, Zip Code)				
Contingent Beneficiary #2:	Social Security Number:	Date of Birth:	% of Benefit:	Relationship:
Address (No., Street, City, State, Zip Code)				

***Participant's Consent*** – I hereby certify I have named the above beneficiary(ies) to receive my Gallatin Department of Electricity Employees' Pension Plan benefit in the event of my demise.

Participant's Signature	Date of Waiver Election
Plan Administrator or Notary Signature	Commission Expiration Date:  Executed this _____ Day of _____, 20__