Georgia Municipal Employees Benefit System (GMEBS)
The Burgess Building
201 Pryor Street, SW, Atlanta, GA 30303-3606 * Phone (404) 688-0472 * Fax (678-686-6289 * Toll Free 1-888-488-4462 * gmanet.com

PRE-RETIREMENT BENEFICIARY DESIGNATION FORM

Section 1: EMPLOYEE INFORMATION

EMPLOYEE NAME: _____
(FIRST) (MIDDLE) (LAST)

SOCIAL SECURITY NUMBER: _____ Gender: Male Female

EMPLOYER NAME: _____ EMPLOYMENT START DATE: _____

Section 2: PRIMARY BENEFICIARY

(***Must designate a PERSON, cannot designate ESTATE OR TRUST)***

I hereby designate the following named person **(ONLY ONE PERSON MAY BE DESIGNATED)** as my PRIMARY BENEFICIARY, to receive pre-retirement death benefits, if any, which may be payable on my behalf in accordance with and subject to the terms and conditions of my Employer's Retirement Plan which is administered by the Georgia Municipal Employees Benefit System (GMEBS):

Primary Beneficiary's Full Name: _____
(FIRST) (MIDDLE) (LAST)

Date of birth: _____ Social Security Number: _____
(month) (day) (year)

Gender: Male Female Relationship to me: _____

Primary Beneficiary's Address: _____
(Number and street or rural route) (City) (State) (Zip Code)

Section 3: SECONDARY BENEFICIARY

(***Must designate a PERSON, cannot designate ESTATE OR TRUST)***

I hereby designate the following named person (**ONLY ONE PERSON MAY BE DESIGNATED**) as my SECONDARY (contingent) BENEFICIARY, to receive pre-retirement death benefits, if any, which may be payable on my behalf in the event that my designated PRIMARY BENEFICIARY does not survive me by at least 32 days, subject to the terms and conditions of my Employer's Retirement Plan administered by the Georgia Municipal Employees Benefit System (GMEBS):

Secondary Beneficiary's Full Name: _____
(FIRST) (MIDDLE) (LAST)

Date of birth: _____ Social Security Number: _____
(Month) (Day) (Year)

Gender: Male Female Relationship to me: _____

Secondary Beneficiary's Address: _____
(Number and street or rural route) (City) (State) (Zip Code)

Section 4: EMPLOYEE SIGNATURE

I certify that the above information is true and correct to the best of my knowledge. I understand that the above designation applies only to pre-retirement death benefits that may be payable in the event that I die before I begin drawing a retirement benefit. I also understand that in order to change this designation, I must complete, sign, and submit to the Pension Committee Secretary a new beneficiary designation form. I further understand that only the most recent beneficiary designation form I complete, sign, and submit will have effect and that it will invalidate, supersede, and revoke any prior designations.

Date Signed: _____ _____
(Month) (Day) (Year) (Signature of Employee)

EMPLOYEES DO NOT WRITE BELOW THIS LINE

Section 5: RECEIPT BY PENSION COMMITTEE SECRETARY

Date Form Received: _____ _____
(Month) (Day) (Year) (Signature of Pension Committee Secretary)