

**LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT
POLICE AND FIRE RETIREMENT FUND**

Beneficiary Designation

1. You may name one or more persons, estate or a trust or trustee as Primary Beneficiary or as Contingent Beneficiary. The Contingent Beneficiary is the second beneficiary who will be next in line should the Primary Beneficiary die.
2. The Primary Beneficiary section is on this page. The Contingent Beneficiary section is on the back of this page. You must complete both sides of this form. **BE SURE TO COMPLETE THE SIGNATURE SECTION ON THE BACK BOTTOM SECTION OF THIS PAGE.**
3. To name your estate, simply write ESTATE for the name of the beneficiary. To name a trust or trustee, write the name of the trust or trustee for the name of the beneficiary. Give the Federal Tax ID Number, if known, and an address to write to.
4. If you name more than one person as Primary or Contingent Beneficiary, you may designate the percentage of benefits each is to receive. If you do not specify percentages, benefits will be evenly divided. If you need more space, provide the information on an additional sheet of paper and attach it to this form.

Employee Name: _____ **Employee Number:** _____

PRIMARY BENEFICIARY SECTION

<p>1. Name: _____ %: _____ Social Security Number: _____ Sex: _____ Date of Birth: _____ Relationship: _____ Address: _____ City, State Zip Code: _____ Phone: _____</p>
<p>2. Name: _____ %: _____ Social Security Number: _____ Sex: _____ Date of Birth: _____ Relationship: _____ Address: _____ City, State Zip Code: _____ Phone: _____</p>

**CONTINGENT BENEFICIARY SECTION AND SIGNATURE SECTION
ARE ON THE BACK OF THIS PAGE**

**LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT
POLICE AND FIRE RETIREMENT FUND**

CONTINGENT BENEFICIARY SECTION

1. Name: _____ %: _____ Social Security Number: _____ Sex: _____ Date of Birth: _____ Relationship: _____ Address: _____ City, State Zip Code: _____ Phone: _____
2. Name: _____ %: _____ Social Security Number: _____ Sex: _____ Date of Birth: _____ Relationship: _____ Address: _____ City, State Zip Code: _____ Phone: _____

SIGNATURE SECTION

Employee's Social Security # _____

Signature: _____ Date: _____

Print Name _____

Spouse Signature: _____ Date: _____

Print Name _____

Signature of Witness: _____ Date: _____