

**THE RETIREMENT SYSTEM OF THE  
CITY OF NORTH LITTLE ROCK**

**DESIGNATION OF BENEFICIARY**

I hereby designate the following beneficiary to receive any benefits from the Plan upon my death. This designation replaces any and all previous designations:

	<u>Primary</u>	<u>Secondary (optional)</u>
Name	_____	_____
Address	_____	_____
City, State, Zip	_____	_____

\_\_\_\_\_  
Signature of **Participant**

\_\_\_\_\_  
Date

NOTE: A Secondary Beneficiary would only receive a benefit in the case that a Primary Beneficiary has already died.

**If your spouse IS your Primary Beneficiary, do NOT complete this form below this line.**

---

Please select **one** of the following:

\_\_\_\_\_ I certify that to the best of my knowledge, the above named Participant is single or that their spouse cannot be located.

\_\_\_\_\_  
Signature of **Plan Representative or Notary**

\_\_\_\_\_  
Date

\_\_\_\_\_ I certify that I have agreed with my spouse on the selection of the above beneficiary or beneficiaries. I understand that if I am not the named beneficiary, I will not be entitled to benefits under the Plan.

\_\_\_\_\_  
Signature of **Spouse**

\_\_\_\_\_  
Date

I certify that I have witnessed the spouse's signature above.

\_\_\_\_\_  
Signature of **Plan Representative or Notary**

\_\_\_\_\_  
Date