# 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:

| | Primary | Secondary (optional) |
|---|---|---|
| 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