



## DEATH BENEFIT BENEFICIARY CHANGE FORM FOR RETIREES

Pursuant to the Life Insurance Benefit provided to me by the City of Winston-Salem and in accordance with my privilege to make a beneficiary change, I hereby elect to change the beneficiary designation as follows:

**Retiree Name:** \_\_\_\_\_  
(Full Name)

**Current Address:** \_\_\_\_\_

### BENEFICIARY INFORMATION

**Primary beneficiary:** \_\_\_\_\_  
(Indicate Full Name of beneficiary)

**Relationship to beneficiary:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Contingent beneficiary: \_\_\_\_\_  
(Indicate Full Name of beneficiary)

Relationship to beneficiary: \_\_\_\_\_ Date of Birth \_\_\_\_\_

### SIGNATURE(S)

\_\_\_\_\_  
(Retiree Signature) (Date)

**Note:** *Signature must be witnessed by a Notary Public*

State of \_\_\_\_\_, County of \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public of said State and County, do hereby certify that \_\_\_\_\_ personally appeared before me and acknowledged the due execution of the foregoing instrument.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of  
Notary \_\_\_\_\_ My Commission expires \_\_\_\_\_

Printed Name of Notary \_\_\_\_\_

(Notary Public Seal)