



County of Riverside Part-Time & Temporary Employees' Retirement Plan Beneficiary Designation Form

I. Personal Information (please print all information on this form; use additional sheets as necessary)

Participant Name: _____ Employee ID: _____

Date of Birth: ____/____/____ Social Security Number: ____/____/____

Address: _____
Address City State Zip code

II. Principal Beneficiary Designation (All Principal Beneficiaries who survive you shall share equally in any benefits payable upon your death unless you specify otherwise)

Primary Beneficiary Name	Social Security	Date of Birth	Phone	Relationship	% of Benefit
1)					
Address:					
2)					
Address:					
3)					
Address:					
4)					
Address:					
Total must equal 100% of benefit					100%

III. Contingent Beneficiary Designation (the Contingent Beneficiary will be paid any benefits due should the Principal Beneficiary pre-decease you)

Contingent Beneficiary Name	Social Security	Date of Birth	Phone	Relationship	% of Benefit
1)					
Address:					
2)					
Address:					
Total must equal 100% of benefit					100%

I hereby revoke all previous Beneficiary designations, which I have made.

Employee Signature: _____ Date: ____/____/____

Please submit your completed form to **Human Resources Retirement Division**: Email: RETIREMENT@rivco.org

• Fax: (951) 955-8538 • US Mail: P.O. Box 1569 Riverside, CA 92502 • Phone (951) 955-4981, Option 2