Employee #_____

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

Retirement Unit
P.O. Box 1569
Riverside, CA 92502-1569

BENEFICIARY DESIGNATION FORM

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

Participant Name	Social Security Number	Date of Birth

Address	City	State	Zip code

Name, Relationship and Telephone Number of Closest Living Relative (Note: This Relative does not have to be named below as one of your Beneficiaries)

Name	Relationship	Telephone Number

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

Name	Social Security Number	Relationship	Date of Birth	Share

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

Name	Social Security Number	Relationship	Date of Birth	Share

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

Participant's Signature	Date	Spouse's Signature	Date