

CITY OF CHATTANOOGA GENERAL PENSION PLAN

DESIGNATION OF BENEFICIARY

(This form is used by new participants and current participants wishing to change beneficiaries)

I designate as my primary beneficiary:

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Name

Relationship

Date of Birth

In the event he or she precedes me in death, my secondary beneficiary shall be:

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Name

Relationship

Date of Birth

I reserve the right to change my beneficiaries by written notice to the General Pension Plan Board of Trustees.

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Participant Name (PRINT)

Participant Social Security Number

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Participant Signature

Date

Return completed form to the following:

**City of Chattanooga City Hall
101 East 11th Street Room 201
Chattanooga, Tennessee 37402**