

Missouri Sheriffs' Retirement System

CHANGE OF BENEFICIARY FORM

(For Use By Retirees Who Selected a Life Annuity with Guaranteed Payments)

PLEASE PRINT

RETIREE INFORMATION				
LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY #	DATE OF BIRTH
HOME TELEPHONE	CELL TELEPHONE	COUNTY SERVED AS SHERIFF	E-MAIL ADDRESS	

Life Annuity Benefit Option Selected at Retirement:

_____ 60 Months (5 Years) Guaranteed Payments

_____ 120 Months (10 Years) Guaranteed Payments

By completion of this form and my signature below, I hereby request to change my named beneficiary as specified in the spaces provided below.

LIFE INCOME WITH GUARANTEED PAYMENTS BENEFICIARY INFORMATION					
One or more beneficiaries may be identified to share equally or proportionately. The total amount must equal 100%.					
LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY #	DATE OF BIRTH	
ADDRESS		CITY		STATE	ZIP
TELEPHONE #		RELATIONSHIP		PERCENT/FRACTION	
LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY #	DATE OF BIRTH	
ADDRESS		CITY		STATE	ZIP
TELEPHONE #		RELATIONSHIP		PERCENT/FRACTION	
LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY #	DATE OF BIRTH	
ADDRESS		CITY		STATE	ZIP
TELEPHONE #		RELATIONSHIP		PERCENT/FRACTION	

SIGNATURE OF RETIREE

By my signature below, I hereby designate the beneficiary(ies) identified on this form to receive the remainder of the guaranteed benefits from the Sheriffs' Retirement System if I should pass away before receiving the guaranteed number payments as specified above. If the selected beneficiary is no longer living, the remainder of the guaranteed payments will be payable to my estate. I understand this change of beneficiary designation will take effect on the date this completed and signed form is received at the Office of the Sheriffs' Retirement System.

Signature of Retiree

Date of Signature