

Missouri Sheriffs' Retirement System

LIFE INSURANCE BENEFICIARY DESIGNATION FORM

PLEASE PRINT

SECTION A – MEMBER (ACTIVE SHERIFF) INFORMATION

| | | | | |
|-------------------|-------------------|-----------|----------------------|------------------|
| 1. LAST NAME | FIRST | MIDDLE | 2. SOCIAL SECURITY # | 3. DATE OF BIRTH |
| 4. HOME TELEPHONE | 5. WORK TELEPHONE | 6. COUNTY | 7. E-MAIL ADDRESS | |

The primary beneficiary identified in Section B receives the life insurance proceeds. Individual designations need to include the name, relationship, address, date of birth, and social security number of the beneficiary. A trust, corporation/organization, or estate may also be identified as a beneficiary. Attach a photocopy of the trust. For designation of more than one primary beneficiary, complete the continuation table on page 2, indicate the amount (percent/fraction) for each beneficiary designation, and sign both pages.

SECTION B – PRIMARY BENEFICIARY INFORMATION

| | | | | |
|-------------|--------------|--------|------------------------------------|---------------|
| LAST NAME | FIRST | MIDDLE | SOCIAL SECURITY # | DATE OF BIRTH |
| ADDRESS | CITY | | STATE | ZIP |
| TELEPHONE # | RELATIONSHIP | | PERCENT/FRACTION (usually be 100%) | |

The contingent beneficiary(ies) identified in Section C receive the life insurance proceeds, only if the primary beneficiary is no longer living. If multiple beneficiaries are identified, indicate the amount (percent/fraction) for each beneficiary designation. A trust, corporation/organization, or estate may also be identified as a beneficiary. Attach a photocopy of the trust. A continuation table is available on page 2 if additional space is needed.

SECTION C – CONTINGENT BENEFICIARY INFORMATION

The total amount must equal 100% of coverage.

| | | | | |
|-------------|--------------|--------|-------------------|---------------|
| 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 | |

SECTION D – SIGNATURE OF ACTIVE SHERIFF

By my signature below, I hereby designate the Beneficiaries identified on this form to receive the benefits from the Sheriffs' Retirement System life insurance plan during my term as Active Sheriff. I understand this form must be signed and dated by me and delivered to the office of the Missouri Sheriffs' Retirements System during my lifetime. My 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 Member (Active Sheriff)

Date of Signature

Missouri Sheriffs' Retirement System

LIFE INSURANCE BENEFICIARY DESIGNATION FORM

Only complete the following continuation table if more than one primary beneficiary is desired.

| SECTION B – PRIMARY BENEFICIARY INFORMATION – CONTINUATION TABLE | | | | | |
|--|-------|--------------|-------------------|------------------|-----|
| The total amount must equal 100% of coverage. | | | | | |
| 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 | |

Only complete the following continuation table if additional space is needed for contingent beneficiaries.

| SECTION C – CONTINGENT BENEFICIARY INFORMATION – CONTINUATION TABLE | | | | | |
|---|-------|--------------|-------------------|------------------|-----|
| The total amount must equal 100% of coverage. | | | | | |
| 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 | |

If additional space is needed, attach a separate sheet of paper that includes the required information. Indicate the amount (percent/fraction) for each designation. The total must equal exactly 100%.

SECTION D – SIGNATURE OF ACTIVE SHERIFF

Signature of Member (Active Sheriff)

Date of Signature