

NEW CASTLE COUNTY EMPLOYEES PENSION PROGRAM
87 Reads Way, New Castle, DE 19720
PENSION NOMINATION OF BENEFICIARY

(A) qualifying survivor(s) may be entitled to pension benefits upon the death of a New Castle County employee or retiree. Please see "Record of Survivors" form for more information on qualifying survivors.

In the event that there are no qualifying survivors as designated by the appropriate New Castle County Code as it applies to each pension plan type, the beneficiary(ies) named below will be entitled to any excess of contributions above pension payments and/or a lump sum death benefit where applicable.

Employee/Retiree Information

Full Name:	Employee ID#:
Address:	SSN XXX-XX-
Plan Type: <input type="checkbox"/> School Crossing Guard Plan <input type="checkbox"/> Pension Plan – 3% <input type="checkbox"/> Retirement System Police – 6% <input type="checkbox"/> Amended Pension Plan – 3% <input type="checkbox"/> Retirement System – 5% <input type="checkbox"/> County 2011 Plan General <input type="checkbox"/> Amended Retirement System – 5% <input type="checkbox"/> County 2011 Plan EMS	

Primary Beneficiary Designation

In accordance with the provisions of the ordinances governing the New Castle County Pension Programs, I nominate the person(s) named below as my beneficiary(ies) under the said pension program in the event of my death.

Name	Relation	Address	SSN	DOB	%

Total Must Equal 100%

Contingent Beneficiary Designation

In the event that my primary beneficiary predeceases me, I nominate the person(s) named below as my contingent beneficiary(ies).

Name	Relation	Address	SSN	DOB	%

Total Must Equal 100%

If the primary or contingent beneficiary(ies) nominated herein do(es) not survive me, and if no other written nomination shall have been filed by me, then the beneficiary shall be my estate.

I reserve the right to change the beneficiary(ies) or contingent beneficiary(ies) at any time by filing written notice of such change, duly acknowledged with the New Castle County Pension Program Administrator.

Signature: _____ Date: _____

Witness Signature: _____ Date: _____