

CITY OF	<p><u>Manchester Employees' Contributory Retirement System</u></p> <p>CHANGE OF SECONDARY BENEFICIARY</p>
MANCHESTER	
EMPLOYEES'	
CONTRIBUTORY	
RETIREMENT	
SYSTEM	

(To be completed before a notary or retirement system representative per Chapter 218:19.)

I request that the name(s) of my **Secondary** beneficiary(ies) appearing on the records of the Manchester Employees' Contributory Retirement System be changed...

From the existing:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

To the following: (You may list as many as you desire)

This action replaces all previously submitted Secondary beneficiary elections.

Name _____ Relationship _____

Date of Birth _____ Social Security # _____

Name _____ Relationship _____

Date of Birth _____ Social Security # _____

Name _____ Relationship _____

Date of Birth _____ Social Security # _____

Members Name(Printed) _____ Department _____

Signature _____ Date _____

Notary Section: (Must be completed unless signed before a retirement staff member.)

State of _____

County of _____

On this _____ day of _____, _____, before me personally appeared _____, known to me to be the person whose name is signed above and who, under oath, executed the foregoing Beneficiary Designation.

WITNESS my hand and office seal.

Notary Public/Justice of the Peace _____

My Commission expires _____

FOR OFFICE USE ONLY

Date of Change _____ Certified by _____

Date updated in PensionPro _____ Updated by _____