## CHANGE OF BENEFICIARY PRIOR TO RETIREMENT



#### Retirement Systems of Alabama P. O. Box 302150 ♦ Montgomery, AL 36130-2150 334-517-7000 or 877-517-0020 www.rsa-al.gov

**Instructions:** Complete the Member Information, Beneficiary Change/Correction, and Member Authorization sections of this form. This form must be signed and notarized for changes to be activated.

# Do <u>NOT</u> use this form if you are retired or participating in DROP. Please contact the RSA for the proper form.

### **MEMBER INFORMATION (Must be completed in all cases)**

Name: First					Social Security No.:		
First	Middle/Maiden	Last					
Date of Birth: Home Phone No.:			Membership Status: □ Active Member □ Inactive Member				
Email Address:		_					
BENEFICIARY CHANGE/CO	RRECTION						
To name multiple benef void the designation of					ige shall not revoke or		
DESIGNATION OF PRIMAR	Y BENEFICIARY						
Name:		Relationship:		Date of Birth:			
	Address: Stree						
Social Security Number	Stre	et or P. O. Box	City	State	Zip Code		
DESIGNATION OF CONTIN Contingent Beneficiaries	vill receive benefits onl	-			Birth:		
	Address:						
Social Security Number	Address: Str	eet or P. O. Box	City	State	Zip Code		
( ) Check (✓) if Benefic	-		of this form.				
MEMBER AUTHORIZATION	Must be signed and not	arized)					
Signature of Member:			Date of Signature:				
Notary							
STATE OF	TATE OF, COUNTY OF						
On this day of statements made are true.	, 20, pers	onally appeared befo	re me, the above	e named individua	and made oath that the		
		Signature of Notary	Public				
		My Commission Exp	bires				

### MULTIPLE BENEFICIARIES CHANGE/CORRECTION (Continued)

DESIGNATION OF PRIMARY	BENEFICIARY(IE	<u>=s)</u>				
Name:	Relationship:			Date of Birth:		
	Address:					
Social Security Number		Street or P. O. Box	City	State	Zip Code	
Name:		Relationship:		Date o	f Birth:	
	Address:					
Social Security Number		Street or P. O. Box	City	State	Zip Code	
Name:		Relationship:		Date o	f Birth:	
	Address:					
Social Security Number		Street or P. O. Box	City	State	Zip Code	
Name:		Relationship:		Date o	f Birth:	
	Address:					
Social Security Number		Street or P. O. Box	City	State	Zip Code	
Name:		Relationship:		Date o	f Birth:	
	Address:					
Social Security Number	Address	Street or P. O. Box	City	State	Zip Code	
Contingent Beneficiaries wir Name:				<i>a.</i> Date of Birth:		
	Address:					
Social Security Number		Street or P. O. Box	City	State	Zip Code	
Name:		Relationship:		Date o	f Birth:	
	Address:					
Social Security Number		Street or P. O. Box	City	State	Zip Code	
Name:		Relationship:		Date o	f Birth:	
	Address:					
Social Security Number		Street or P. O. Box	City	State	Zip Code	
Name:		Relationship:		Date of Birth:		
	Address:					
Social Security Number		Street or P. O. Box	City	State	Zip Code	
Name:		Relationship:		Date o	f Birth:	
	Address:					
Social Security Number		Street or P. O. Box	City	State	Zip Code	