

TOWN OF GLASTONBURY

Pension Plan

Beneficiary Designation

A. Participant Data First Name: MI: Last Name: **Social Security Number: Marital Status:** Married Single City: State: Zip: Address: B. Beneficiary Designation First Name: Date of Birth: Last Name: **Social Security Number:** State: Address: City: Zip Code: Relationship To Participant ☐ and to be shared equally with otherwise **Social Security Number:** First Name: Last Name: Date of Birth: Address: **Relationship To Participant** City: State: Zip Code: and to be shared equally with otherwise Date of Birth: First Name: **Last Name: Social Security Number:** Zip Code: Address: City: State: **Relationship To Participant** and to be shared equally with otherwise **First Name: Last Name:** Date of Birth: **Social Security Number:** Relationship To Participant Address: City: State: Zip Code: C. Participant Certification I hereby revoke any and all prior beneficiary designation and I understand any payment payable to my above designated beneficiary(ies) after my death will be governed by the Group Annuity Contract and/or by the terms of the Plan. Participant Signature: _ _ Date: