



TOWN OF GLASTONBURY

Pension Plan

Beneficiary Designation

A. Participant Data

First Name:	MI:	Last Name:	Social Security Number:	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single
Address:			City:	State: Zip:

B. Beneficiary Designation

First Name:	MI:	Last Name:	Date of Birth:	Social Security Number:
Address:	City:	State:	Zip Code:	Relationship To Participant

and to be shared equally with otherwise

First Name:	MI:	Last Name:	Date of Birth:	Social Security Number:
Address:	City:	State:	Zip Code:	Relationship To Participant

and to be shared equally with otherwise

First Name:	MI:	Last Name:	Date of Birth:	Social Security Number:
Address:	City:	State:	Zip Code:	Relationship To Participant

and to be shared equally with otherwise

First Name:	MI:	Last Name:	Date of Birth:	Social Security Number:
Address:	City:	State:	Zip Code:	Relationship To Participant

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: ____

