



# EMPLOYEE BENEFICIARY CHANGE FORM

ICMA Retirement Corp.  
Attn: Records Management Unit  
P.O. Box 98150  
Washington, D.C. 20090-8150  
1-800-326-7060

- Use this form to change your beneficiary for your Oakland Performance Retirement System account
- Please print in blue or black ink
- For enrollments, use the Employee Enrollment Form available from ICMA-RC or Oakland County
- AFTER COMPLETING THIS FORM, SEND DIRECTLY TO ICMA - NO COUNTY SIGNATURE IS REQUIRED

<p><b>1</b> <b>Participant Information</b> <i>You must complete the information in this section</i></p>	<p><u>109326</u>      <u>OAKLAND COUNTY</u>      <u>MI</u>      _____/_____/_____  Employer Plan Number      Employer Plan Name      State      Social Security Number</p> <p>(_____)_____ - _____      Male <input type="checkbox"/>      _____/_____/_____  Daytime Phone Number with area code      Female <input type="checkbox"/>      Date of birth (MM/DD/YY)</p> <p>_____  Name of Participant (Last, First, M.I.)</p>
<p><i>Complete only if information has changed</i></p>	<p>(_____)_____ - _____      <input type="checkbox"/> Married    <input type="checkbox"/> Single    <input type="checkbox"/> Widowed  Home phone number with area code)      Marital Status</p>
<p><b>2</b> <b>Beneficiary Designation</b></p>	<p><b>Primary Beneficiary(ies):</b></p> <p>Name: _____ SSN: _____  Relationship to you: _____ % of Benefit: _____</p> <p>Name: _____ SSN: _____  Relationship to you: _____ % of Benefit: _____</p> <p>Name: _____ SSN: _____  Relationship to you: _____ % of Benefit: _____</p> <p><b>Contingent Beneficiary(ies):</b> Benefits will be paid to any named contingent beneficiary only if no primary beneficiary lives longer than you.</p> <p>Name: _____ SSN: _____  Relationship to you: _____ % of Benefit: _____</p> <p>Name: _____ SSN: _____  Relationship to you: _____ % of Benefit: _____</p> <p>Name: _____ SSN: _____  Relationship to you: _____ % of Benefit: _____</p>
<p><b>3</b> <b>Participant signature</b> <i>Mail this form directly to ICMA-RC</i></p>	<p><b>I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO MY KNOWLEDGE AND BELIEF.</b></p> <p>_____  Participant Signature      Date</p>

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