

BENEFICIARY DESIGNATION FORM



City of Atlanta Pension Administrator
Strategic Benefits Advisors
3567 Parkway Lane Suite 250
Atlanta, GA 30092-5307
Phone: (888) 594-0216
Fax: (866) 201-5033

Pension Plan: Board of Education
 Fire
 General Employees
 Police

Please indicate why you are completing this form: I am a new hire
 I am retiring
 I have had a change in spouse, registered domestic partner, or child

Employee's Name: _____ SSN: _____
Street Address: _____ Date of Birth: _____
City, State Zip: _____ Phone: _____

Are you married or in a registered domestic partnership (DP)? Yes No
Spouse/DP's Name: _____
Spouse/DP's SSN: _____
If yes, provide the following: Spouse/DP's Date of Birth: _____

Do you have children (of any age)? Yes No If Yes, list them below: (attach sheet if necessary)

Child's Full Name: _____	Child's Full Name: _____
Child's SSN: _____	Child's SSN: _____
Child's Date of Birth: _____	Child's Date of Birth: _____
Child's Full Name: _____	Child's Full Name: _____
Child's SSN: _____	Child's SSN: _____
Child's Date of Birth: _____	Child's Date of Birth: _____

Please provide a Designated Beneficiary that is not your spouse or your child:
Designated Beneficiary's Name: _____
Designated Beneficiary's SSN: _____
Designated Beneficiary's Date of Birth: _____

YOU MUST CHOOSE ONE OF THE FOLLOWING OPTIONS:*

*If you are Board of Ed (OR if you are General/Fire/Police hired before 9/1/2011), this designation applies to the monthly benefit due to spouse/minor children upon your death (or your refund if no monthly benefit is due). If you are General/Fire/Police hired after 9/1/2011, this designation only applies to your refund of contributions.

- Upon my death, please distribute my pension benefits to my spouse (or registered DP). If I am not married or my spouse (or registered DP) is deceased, please distribute in equal shares to my children. If I have no spouse (or registered DP) or children at death, distribute to my Designated Beneficiary. (Please note that only minor children will be eligible for monthly benefits).
- Upon my death, please distribute my pension benefits a different way. (If you choose this option, YOU MUST request and complete the Supplemental Beneficiary Designation Form.)

Employee's Signature: _____ Date: _____