

DeKalb County Employee's Request for Change of Retirement Beneficiary

(Please print or type and complete all information.)

Employee's Name: _____ Employee ID Number: _____

Employee's Date of Birth: _____ Employee's Social Security Number: _____

Complete all fields for your Retirement Beneficiary:

Primary Retirement Beneficiary Name: _____
(first name, middle name, maiden name, last name)

Relationship: _____ Date of Birth: _____ Social Security #: _____

Complete Address: _____

	Full Name	Address	Social Security #	Relationship	Date of Birth	Percentage
Contingent Beneficiary						
Contingent Beneficiary						
Contingent Beneficiary						

PRIOR SERVICE PENSION ENTITLEMENT (For former participants in the DeKalb County Pension Plan)

The DeKalb County Pension Act provides that a former participant who returns to work for DeKalb County may repay pension contributions withdrawn at the termination of his/her previous employment, thereby receiving accredited service for the previous employment under the 9/1/05 plan provisions. This application must be made in writing to the Pension Board within six (6) months of returning to work and contributions repaid by the end of twenty-four (24) months.

I have been informed of these provisions of the DeKalb County Pension Act.

Date Signed: _____ Employee's Signature: _____

The following space is for the Finance Department's use only:
