

REFUND ONLY - BENEFICIARY OR ESTATE OR TRUST

Mark only ONE box below. This section applies only to a one-time refund of remaining member contributions, if any, not paid out in monthly pension benefits and only when there is no primary beneficiary payable. No monthly pension benefit would be paid to the beneficiaries listed below. Any previously elected Beneficiary-Refund Only or Estate or Trust is revoked. If you do not complete this section, we will assume that there are no changes to your Refund Only –Beneficiary OR Estate OR Trust. If you make a change in this section, any previously designated Refund Only Beneficiary, or Estate or Trust is revoked.

- I am electing NOT to designate a Refund Only Beneficiary or Estate or Trust and I elect to revoke any previously designated Refund Only Beneficiary or Estate or Trust.
- The following **Trust** is elected to receive a refund of remaining member contributions, if any.

Name of Trust

- I elect my **Estate** to receive a refund of remaining member contributions, if any.
- The following are named as Refund Only Beneficiaries to receive a refund of remaining member contributions, if any.

If you have more than three **Refund Only Beneficiaries**, attach a page and mark the following box.

- I have attached a page.

Name	Relationship	
_____-_____-_____ <i>Social Security Number</i>	_____/_____/_____ <i>Date of Birth (mo/day/yr)</i>	
Phone Number	Email Address	Percent of Assets _____ %

Name	Relationship	
_____-_____-_____ <i>Social Security Number</i>	_____/_____/_____ <i>Date of Birth (mo/day/yr)</i>	
Phone Number	Email Address	Percent of Assets _____ %

Name	Relationship	
_____-_____-_____ <i>Social Security Number</i>	_____/_____/_____ <i>Date of Birth (mo/day/yr)</i>	
Phone Number	Email Address	Percent of Assets _____ %

All Percentage of Assets listed above must equal = 100%.

REQUIRED SIGNATURE & NOTARY

Please sign and date below in the presence of a notary public.

_____/_____/_____
Applicant's Full Legal Signature Date

For Notary Use Only

STATE OF _____ }
COUNTY OF _____ } ss

Subscribed and sworn to before me this _____ day of _____, year of _____.

Witness my hand and official seal.

My commission expires: _____ / _____ / _____.

Notary Public Signature
SEAL