City of Detroit

RETIREMENT SYSTEM
2 Woodward Ave Ste 908
Detroit, MI 48226

Soc Sec. No. _____

CHANGE OF NOMINATION OF BENEFICIARY

I hereby revoke and cancel my previous nomination of beneficiary and direct the Board of Trustees of the Retirement System of the City of Detroit to pay the accumulated contributions standing to my credit in event of my death before my retirement to my

_____ _____
(Relationship to Beneficiary) *(full Name of Beneficiary)*

_____
No. Street City State Zone

whose date of birth is _____ if living; otherwise to my
(Beneficiary's Date of Birth)

_____ _____
(Relationship of Contingent Beneficiary) *(Name of Contingent Beneficiary)*

_____
No. Street City State Zone

whose date of birth is _____ provided, in the event I leave no other estate sufficient
(Contingent Beneficiary's Date of Birth)
to pay my funeral expenses I agree that said expenses may be paid from said account by the Board of Trustees.

Dated at Detroit, Michigan _____
(Date)

_____
(Signature of Employee)

_____ _____
(Signature of Witness) *No. Street*

_____
City State Zip Code

_____
Member's Date of Birth

Form C of D-231-CH (Rev. 1-91)

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