

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Membership Number

**CITY OF DETROIT EMPLOYEES BENEFIT PLAN-CHAPTER VIII OF TITLE IX  
of the  
CHARTER OF THE CITY OF DETROIT**

**Benefit Payable Upon Death of Member**

**NOMINATION OF BENEFICIARY**

I, \_\_\_\_\_ hereby direct the  
Governing Board of the City of Detroit Employees Benefit Plan, of the City of Detroit, to pay the amount of death benefit  
due ( as specified under the terms of the City Charter and Ordinances relating to this Employees Benefit Plan ) to  
my \_\_\_\_\_

(Give Relationship of Beneficiary)

(Give Full Name of Beneficiary)

whose date of birth is \_\_\_\_\_ , whose residence address is \_\_\_\_\_

if living, otherwise to my \_\_\_\_\_  
(Contingent Beneficiary Relationship)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ whose residence address is \_\_\_\_\_  
(Give Full Name of Contingent Beneficiary)

\_\_\_\_\_ if living; otherwise to my legal representatives.

Dated at \_\_\_\_\_ , this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_\_ .

\_\_\_\_\_  
(Signature of Employee)

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
No.

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Member's Date of Birth

