

**EMPLOYEE BENEFIT PLAN-CHAPTER VIII OF TITLE IX OF THE CHARTER 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:

**Primary Beneficiary(ies):**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ % of Distribution: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ % of Distribution: \_\_\_\_\_

If there are no surviving primary beneficiaries at the time of my death, distributions shall be paid to:

**Contingent Beneficiary(ies):**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ % of Distribution: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ % of Distribution: \_\_\_\_\_

If no beneficiaries are living at the time of my death, then distributions shall be paid to my estate.

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

Address of Member: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Pension Number: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_