



Municipal Employees' Benefit Trust

Edmonds MEBT Plan

BENEFICIARY DESIGNATION FORM

Return this form to:

MEBT Human Resources
121 Fifth Avenue North
Edmonds, WA 98020

Use this form to designate a beneficiary for a new or existing MEBT Retirement Account.

Complete Section E Consent of Spouse only if you are married and designating someone other than your spouse as your primary beneficiary.

Section A: PARTICIPANT INFORMATION

Name (Last, First, Middle)	Social Security Number	Marital Status S <input type="checkbox"/> M <input type="checkbox"/>	
Permanent Address	City	State	Zip
Daytime phone no. ()	Date Hired	Date of Birth	

Section B: BENEFICIARY DESIGNATION

Pursuant to the provisions of the plan permitting the designation of a beneficiary or beneficiaries by a participant, I hereby designate the following person or persons (or trusts) as primary and secondary beneficiaries of my accrued benefit under the plan payable by reason of my death:

Primary Beneficiary(ies) Relationship Codes: **S** = Spouse, **C** = Child, **P** = Parent, **T** = Trust, **E** = Estate, **O** = Other

Name	Relationship	Street Address	City, State, Zip	Social Security #

Secondary Beneficiary(ies)

Section C: PARTICIPANT AUTHORIZATION

I HEREBY REVOKE ALL PRIOR DESIGNATIONS (IF ANY) OF BENEFICIARIES AND RESERVE THE RIGHT TO REVOKE OR CHANGE ANY BENEFICIARY DESIGNATION.

The trustee shall pay all sums payable under the plan by reason of my death: (1) to the primary beneficiary, if he or she survives me; (2) if no primary beneficiary shall survive me, then to the secondary beneficiary(ies); and (3) if no named beneficiary survives me, then the trustee shall pay all amounts in accordance with the provisions of the plan.

Participant's Signature

Date of this designation

Section D: MEBT AUTHORIZATION _____

