ADAMS COUNTY BOARD OF RETIREMENT
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ADAMS COUNTY RETIREMENT PLAN ("PLAN")
ADDRESS/PHONE NUMBER/NAME/BENEFICIARY CHANGE FORM

Please read these instructions carefully and be sure you complete the appropriate parts of this form. Please **print entire form** clearly in ink.

For address/phone number changes: Complete Parts I, II and VI. You may fax this form to the above fax number. Your records will be updated.

For name changes: Complete Parts I, III, and VI. Name changes require a copy of the Court Order, Marriage Certificate, Civil Union Certificate or other documentation. You may fax this form and the required documentation to the above fax number. Your records will be updated.

For beneficiary changes: Complete Parts I, IV and VI. You must return this *original* form to the address above and provide a copy of your Marriage Certificate, Divorce Decree (including exhibits) or a Death Certificate. If a domestic relations order or final property division order provides that your current or former spouse or partner in a civil union is entitled to receive payments from the Plan if your death occurs before you retire, also complete Part V. If you are married or subsequently become married and you change your primary beneficiary to someone other than your spouse or you name a cobeneficiary, your spouse must consent, in writing as required in Part VII.

Part I - Your General Information

1. Name (currently on record):_____ Email: _____

2. SSN: _____ Effective date of change: _____ Date of Birth: _____

3. Home/Cell Number:_____ Work Number:_____

4. Indicate all changes you are reporting: ☐ address/phone number ☐ name change ☐ beneficiary change

5. For name change, indicate reason: ☐ court order ☐ marriage ☐ civil union ☐ other

6. For a beneficiary change, indicate reason: ☐ divorce or dissolution of a civil union ☐ marriage ☐ civil union ☐ death of beneficiary ☐ other

Part II – Address/Phone Number Change

INFORMATION CURRENTLY ON RECORD	NEW INFORMATION
Address:_____	Address:_____
City/State:_____	City/State:_____
Zip Code:_____	Zip Code:_____
Home/Cell Number:_____	Home/Cell Number:_____
Work Number:_____	Work Number:_____

Part III – Name Change – If you are reporting a name change, please sign using your NEW name in Part VI. Attach a copy of the Court Order, Marriage or Civil Union Certificate, or other documentation.

INFORMATION CURRENTLY ON RECORD	NEW INFORMATION
Last Name:_____	Last Name:_____
First Name:_____	First Name:_____
Middle or Initial:_____	Middle or Initial:_____

Part IV – Beneficiary Change

If you name a minor child (under age 18) as beneficiary, complete Section C at the end of this Part IV for a Custodian under the Uniform Transfers to Minors Act. A benefit CANNOT be paid directly to a child under age 18, but must be paid to a court appointed conservator or a Custodian for the child's benefit until age 21. If your beneficiary is under age 21, but at least 18, the benefit may be paid to the beneficiary if no conservator or Custodian is named but you may still name a Custodian if you prefer that to an outright distribution. The Custodian is required to transfer funds under the Custodian's control to the child when the child turns 21. If, by the time for distribution, the beneficiary reaches age 18 (or 21, if you indicate that you want a Custodian to that age), the distribution will be made to the beneficiary rather than the Custodian.

If you have a will that creates a trust, and you want that trust to be the beneficiary, enter "Trust under Will" in the line following the word "Name" and above the word "First" for the Primary Beneficiary in Part IV. If your will creates more than one trust, identify the trust to which the benefit should be paid.

If you have created a trust during your lifetime (not under your will), and you want the trust to be the beneficiary, enter the name of the trust in the line following the word "Name" and above the word "First" for the Primary Beneficiary in Part IV. Enter the name of the current trustee in the line following the word "Name" and above the word "Last" for the Primary Beneficiary in Part IV. Enter the current trustee's mailing address, and then enter the date the trust was created under "Date of Birth". If the Trust has a tax identification number, enter it in the box for "Social Security Number".

If you name your estate as beneficiary, the personal representative, an administrator or an executor must be appointed before the benefit can be paid. If you choose to name your estate enter "My Estate" in the line following the word "Name" and above the word "First" for the Primary Beneficiary in Part IV.

The amount of any pre-retirement death benefit assigned to a current or former spouse or partner in a civil union, as cobeneficiary(ies), which you provide in Part V, will be deducted from the amount available to the beneficiary(ies) you designate below, provided that if you are married or subsequently become married, your spouse consents to such designation(s).

Types of Beneficiaries

A. **Primary Beneficiary** – Person(s) to receive the death benefit payable upon the member's death.

B. **Contingent Beneficiary** – Person(s) to receive the death benefit payable upon the member's death *if the primary beneficiary(ies) dies before the member*.

If you name **multiple** primary (or contingent) beneficiaries, the proceeds will be split equally among your primary beneficiaries who survive you or, if none of your primary beneficiaries survive you, equally among your contingent beneficiaries who survive you, unless you instruct a different percentage split on this form.

If your **primary** beneficiary(ies) dies before you, and you have not named a contingent beneficiary, the proceeds will be paid to your estate.

If you elect a form of benefit that provides a **term certain benefit after your death** and the term certain payments have not been completed at your death, the "actuarial equivalent" value of the remaining monthly payments will be paid to your estate if no beneficiary is living at your death. If one or more beneficiaries survive you, the remaining monthly payments will be made to such beneficiaries after your death. If the term certain payments have not been completed at the death of your last surviving beneficiary, the "actuarial equivalent" value of the remaining monthly payments will be paid in a lump-sum to the estate of your last surviving beneficiary.

Beneficiary Designation. If your Beneficiary is under age 18 or if you want a Custodian for a child age 18-21, complete the Beneficiary Information and the Custodian Information below.

A. Primary Beneficiary Information

1. Name _____
First M.I. Last

Mailing Address _____ Benefit % _____
Street/P.O. Box/Route City/State Zip Code

Date of Birth _____ Social Security Number _____

Home/Cell Phone _____ Email _____

Male/Female _____ Relationship to Member _____
(Spouse, Partner in a Civil Union, Child, Parent, Other)

2. Name _____
First M.I. Last

Mailing Address _____ Benefit % _____
Street/P.O. Box/Route City/State Zip Code

Date of Birth _____ Social Security Number _____

Home/Cell Phone _____ Email _____

Male/Female _____ Relationship to Member _____
(Spouse, Partner in a Civil Union, Child, Parent, Other)

3. Name _____
First M.I. Last

Mailing Address _____ Benefit % _____
Street/P.O. Box/Route City/State Zip Code

Date of Birth _____ Social Security Number _____

Home/Cell Phone _____ Email _____

Male/Female _____ Relationship to Member _____
(Spouse, Partner in a Civil Union, Child, Parent, Other)

B. Contingent Beneficiary Information

1. Name _____
First M.I. Last

Mailing Address _____ Benefit % _____
Street/P.O. Box/Route City/State Zip Code

Date of Birth _____ Social Security Number _____

Home/Cell Phone _____ Email _____

Male/Female _____ Relationship to Member _____
(Spouse, Partner in a Civil Union, Child, Parent, Other)

2. Name _____
First M.I. Last

Mailing Address _____ Benefit % _____
Street/P.O. Box/Route City/State Zip Code

Date of Birth _____ Social Security Number _____

Home/Cell Phone _____ Email _____

Male/Female _____ Relationship to Member _____
(Spouse, Partner in a Civil Union, Child, Parent, Other)

3. Name _____
First M.I. Last

Mailing Address _____ Benefit % _____
Street/P.O. Box/Route City/State Zip Code

Date of Birth _____ Social Security Number _____

Home/Cell Phone _____ Email _____

Male/Female _____ Relationship to Member _____
(Spouse, Partner in a Civil Union, Child, Parent, Other)

C. Contingent Beneficiary Information

Name _____
First M.I. Last

Mailing Address _____
Street/P.O. Box/Route City/State Zip Code

Relationship to Member _____
(Spouse, Partner in a Civil Union, Child, Parent, Other)

Part V – Cobeneficiary Information

The following person has been designated to receive a portion of my benefit from the Plan as a cobeneficiary entitled to payments after my death if my death occurs before I retire and that if I am, or subsequently become married, my spouse must consent in writing to the cobeneficiary indicated below, as required in Part VII. *(Copies of all DROs and final property division orders must be attached to this form.)*

Name _____
First M.I. Last

Mailing Address _____% or $ Amount _____
Street/P.O. Box/Route City/State Zip Code

Date of Birth _____ Social Security Number _____ Male/Female _____

Part VI - Affirmation

I declare and affirm that the statements above are true, complete, and correct. I authorize and direct the Plan Executive Director to act in accordance with my instructions as indicated above. I agree to release, discharge and indemnify the Plan, Board, Adams County, and the Rangeview Library District, including, as applicable, these entities' officers, members, employees, trustees, fiduciaries, consultants, affiliates and agents from all liability and claims, including related costs and attorneys' fees, for acting pursuant to this affirmation.

Signed: _____ Date:_____
Signature of Member

Part VII – Spousal Consent and Acknowledgement

I, the undersigned, as the spouse of the Adams County Retirement Plan member, voluntarily consent to the beneficiary(ies) indicated above in Part IV, and any cobeneficiary designation indicated in Part V above. I acknowledge that I understand that the effect of my consent may be to forfeit benefits that I would have been entitled to receive upon my spouse's death, and after benefits have begun, my consent is irrevocable. I agree to release and indemnify the Plan, Board, and my spouse's employer (Adams County or the Rangeview Library District), including, as applicable, these entities' officers, members, employees, trustees, fiduciaries, consultants, affiliates and agents from all liability and claims, including related costs and attorneys' fees, for acting pursuant to this consent.

Signed: _____ Date: _____
Signature of Spouse

Witness: _____ Date: _____
Adams County Retirement Plan Representative

If you do <u>not</u> sign the spousal consent and acknowledgement portion of this form before an Adams County Retirement Plan representative, you <u>must sign</u> the form before a notary public.

State of _____

County of _____

The foregoing Spousal Consent and Acknowledgement was acknowledged before me this ___ day of _____, 20____, by _____.

_____
(Notary's official signature)

_____
(Title of Office)

_____
(Commission Expiration)

(Notary Stamp)