
Designation of Beneficiary Form
City of Rutland Retirement Income Plan

PARTICIPANT INFORMATION (please print information clearly)

Employee Name: _____ Date of Birth: ____/____/____
Street: _____ City: _____ State: _____ Zip: _____
Social Security Number: _____ Division: DPW Fire Police General School

This form is used to designate your beneficiary for any amount payable under the plan by reason of your death prior to retirement. I hereby revoke any Designation of Beneficiary I may previously have made under the above Plan and designate the following as my Beneficiary(ies) under the Plan.

PRIMARY BENEFICIARY(IES) Select one of the options below.

I am married and designate my spouse **sole** primary beneficiary. I understand that the Plan provides for a Pre-Retirement Spouse Benefit if certain conditions are met. I choose my spouse as **sole** primary beneficiary to receive these benefits should my death occur.

Spouse's Name	Relationship	Social Security Number	% Share
_____	Spouse	_____	100%

I am married and designate the following primary beneficiary(ies) **other than** my spouse as sole primary beneficiary. The beneficiary(ies) below will receive a refund of my Participant Contributions plus any Credited Interest should by death occur. I understand that my spouse will not receive the Pre-Retirement Spouse Benefit.

Name	Relationship	Social Security Number	% Share
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I am single and designate the following beneficiary(ies). The beneficiary(ies) below will receive a refund of my Participant Contributions plus any Credited Interest should my death occur.

Name	Relationship	Social Security Number	% Share
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CONTINGENT BENEFICIARY(IES)

I designate the following beneficiary(ies) in case my primary beneficiary predeceases me.

Name	Relationship	Social Security Number	% Share
_____	_____	_____	_____
_____	_____	_____	_____

I understand that if my marital status changes, this Designation will nevertheless remain in effect until I file a new Designation.

Participant's Signature

Date

Pre-Retirement Death Benefit and Spouse Benefit Notice
City of Rutland Retirement Income Plan

PARTICIPANT INFORMATION (please print information clearly)

Employee Name: _____ Date of Birth: ____/____/____
Street: _____ City: _____ State: _____ Zip: _____
Social Security Number: _____ Division: DPW Fire Police General School

If your death occurs prior to retirement while you are a participant in this plan, a death benefit will be payable to your beneficiary

IF YOU ARE NOT MARRIED

You may designate any beneficiary you choose to receive your death benefit and you may change your beneficiary designation at any time. The death benefit will be the refund of your Participant Contributions plus any Credited Interest. If you marry, and want your Spouse to be eligible for the Pre-Retirement Spouse Benefit under the Plan, you must complete a new Beneficiary Designation Form to designate your Spouse as the sole Primary Beneficiary.

IF YOU ARE MARRIED

If you are married, the Plan provides for a Pre-Retirement Spouse Benefit if certain contributions are met. The Pre-Retirement Spouse Benefit provides for a continuing annuity payment to your Spouse. The annuity will provide your spouse with monthly payments for the remainder of his or her lifetime. The amount of the annuity payments will depend on the value of your accrued benefit at the time of death.

In order for your Spouse to be eligible for this benefit, the follow conditions apply:

1. You must be married to your Spouse for one full year prior to death, and you must have designated your Spouse as your sole Primary Beneficiary.
2. You must be actively working and making employee contributions to the Plan at your date of death.
3. You must be eligible for Early Retirement under the terms of the Plan.

If you do not designate your Spouse as the sole Primary Beneficiary, the death benefit will be the refund of your Participant Contributions plus any Credited Interest, payable to the Beneficiary you have designated.

If your marital status changes, you should immediately inform the Plan Administrator since a new Beneficiary Designation form may need to be completed.

Signature of Participant

Date

Please remit the Pre-Retirement Death Benefit and Spouse Benefit Notice and the Designation of Beneficiary Form to: Wendy Wilton, Rutland City Treasurer Office, 52 Washington Street, P.O. Box 969, Rutland, VT 05702