

DISTRICT COUNCIL 37 AFSCME ANNUITY FUND
125 Barclay Street
New York, NY 10007
 Tel: (212) 815-1888 . Fax: (212) 815-1325
 Email: ahp@dc37.net

BENEFICIARY DESIGNATION

You may designate a Beneficiary to receive your Annuity Fund Account balance after your death by filing this form with the Annuity Fund administrator at the above address. The designated Beneficiary may be *any* person (spouse, domestic partner, child, etc.). **You may change your Beneficiary at any time by filing a new form with the Annuity Fund Plan** (unless prohibited by a qualified domestic relations order). If you designate your spouse or registered domestic partner (registered with the City Clerk of the City of New York) as the Beneficiary and subsequently divorce (or in the case of a registered domestic partner, separate), your former spouse or registered domestic partner will continue to be the Beneficiary unless: 1) you file a new Beneficiary designation with the Annuity Fund; 2) you remarry or register a new domestic partner (in which case, the spouse or registered domestic partner at the time of the Participant's death will be deemed to be the Beneficiary). If no Beneficiary has been designated at the time of your death, or if the designated Beneficiary is deceased, your Annuity Fund Account balance will be paid in the following order to: 1) the individual that you have named for purposes of death benefits provided by the DC37 Health & Security Plan; 2) a surviving spouse or surviving registered domestic partner; and 3) your estate.

MEMBER INFORMATION:

LAST NAME	FIRST NAME	MIDDLE NAME	PID/SSN#:
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BENEFICIARY INFORMATION: (PLEASE PRINT)

I hereby name as my Beneficiary to receive my DC37 Annuity Fund account balance in the event of my death:

LAST NAME		FIRST NAME		MIDDLE NAME
BENEFICIARY ADDRESS			APT. #	CITY
STATE	ZIP CODE	TELEPHONE NUMBER	RELATIONSHIP	SS NO.
LAST NAME		FIRST NAME		MIDDLE
BENEFICIARY ADDRESS			APT. #	CITY
STATE	ZIP CODE	TELEPHONE NUMBER	RELATIONSHIP	SS NO.

Signature of Annuitant <i>(Not valid if signed by Beneficiary)</i>	Date
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THIS FORM MUST BE NOTARIZED AT THE TIME YOU SIGN IT

On this _____ day of _____, 20____, personally appeared before me _____ known to me to be the person described herein and who executed the foregoing instrument, and acknowledged that he/she executed the same, and being duly sworn by me made oath that the statements contained herein are true.

County of: _____ State of: _____

Signature of Notary: _____

Registration No. and Expiration Date: _____