MEMBER DATA AND DESIGNATION OF BENEFICIARY

NAME OF MEMBER:				
		PHONE:		
		SEX:		
DATE OF BIRTH.				
In accordance with the provisions of hereby nominate the following as b		nsion Law, Act #96	of 1971 as amended, I	
BENEFICIARY (Please circle one:)	PRIMARY	CONTINGENT	BENEFIT %	
NAME:		DATE OF BIRTH:		
MAII NIO ABBBEOO				
SOCIAL SECURITY NUMBER:		RELATIONSHIP:		
BENEFICIARY (Please circle one:)	PRIMARY	CONTINGENT	BENEFIT %	
NAME:	_	DATE OF BIRTH:		
MAILING ADDRESS:				
SOCIAL SECURITY NUMBER:		RELATIONSHIP:		
BENEFICIARY (Please circle one:)	PRIMARY	CONTINGENT	BENEFIT %	
NAME:		DATE O	F BIRTH:	
MAILING ADDRESS:				
SOCIAL SECURITY NUMBER:	RELATIONSHIP:			
	<u> </u>			
Signature of Member	Date	Signature of Witness	D	

^{*} If more than one beneficiary is designated, it must be made clear how the amount payable to them is to be divided or primary beneficiary(s)/contingent beneficiary(s) must be indicated. The beneficiary designated must be one who has an insurable interest in you or your estate.