



# Retirement Beneficiary Designation Form

Reform Pension Plan

Use this form to designate new or change existing beneficiaries of your RPB retirement account. These designations are separate from your life insurance beneficiary designations, if applicable. Fill in by hand using black ink or on screen (PDF), then upload to RPB at [rpb.org/forms](http://rpb.org/forms), or fax to 212-681-9340 For your security, please do not email this form.

## 1. PARTICIPANT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

## 2. BENEFICIARIES

### Primary Beneficiaries

First Name	Last Name	Date of Birth	Relationship	Social Security #	Benefit Percent*	
					%	
					%	
					%	
<b>TOTAL</b>					<i>All primary beneficiary designations must total 100%</i>	<b>100%</b>

### Contingent Beneficiaries

First Name	Last Name	Date of Birth	Relationship	Social Security #	Benefit Percent*	
					%	
					%	
					%	
<b>TOTAL</b>					<i>All contingent beneficiary designations must total 100%</i>	<b>100%</b>

**Important:** If you need more space to name beneficiaries, please attach a separate list that you have signed and dated. If you name a trust, you must attach a copy of that document. If you designate a beneficiary other than an individual (such as a charitable organization) you must provide an address and tax ID number.

## 3. SPOUSAL WAIVER / CONSENT

**If you are married and designate a primary beneficiary other than your spouse, your spouse must consent to the designation by signing the following statement in the presence of a notary public:**

I am the spouse of the RPB retirement plan participant and consent to the beneficiary designation(s) on this form. I understand that I am allowing the beneficiary(ies) to receive assets that would otherwise be paid to me.

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

In the state of \_\_\_\_\_ and county of \_\_\_\_\_ I, \_\_\_\_\_, certify that on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me personally came (*spouse's name*) \_\_\_\_\_,

who is personally known by me, and who, being duly sworn, did depose and say that he/she executed the foregoing in my presence.

[Notary Seal]

Notary Public \_\_\_\_\_



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## 4. SIGNATURE AND DATE

By signing below, I agree that:

- The beneficiary designations on this form replace any prior beneficiary designation for my retirement account and, upon receipt by RPB, will take effect as of the date on this form. RPB cannot be held responsible for any payment made by it before such receipt.
- I understand that these beneficiary designations will remain in effect until I submit a new form.

Participant *(print full name)*

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Participant signature

Date

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Address

City

State

Zip Code

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Did you print and sign the form and attach the required trust information, if applicable? Did ALL required individuals sign?

**Questions?** Contact Robert Perry at 646-884-9890 or [rperry@rpb.org](mailto:rperry@rpb.org)

### Return to RPB by:

- Uploading your documents at [rpb.org/forms](http://rpb.org/forms)
- Fax: 212-681-9340

For your security, please do not email this form.