CITY OF OMAHA
DESIGNATION OF BENEFICIARY
Death Benefit

Check the appropriate system:

☐ **Police and Fire Retirement System** ☐ **(Civilian) Employees Retirement System**

I, _____ , a member of the above identified system, do now designate the beneficiary or beneficiaries named below to whom I authorize and direct the Board of Trustees of the City of Omaha, Nebraska, retirement system noted above, to pay at my death any money standing to my credit in the Retirement Fund. A share to an identified beneficiary who deceases prior to the death of the employee/retiree will be paid as an equal share to the other identified beneficiaries or, in the event there are no surviving identified beneficiaries, to the employee/retiree's estate.

	FULL NAME AND ADDRESS OF EACH BENEFICIARY	DATE OF BIRTH	RELATIONSHIP	SOCIAL SECURITY NUMBER	SHARE TO EACH (%)
PRIMARY:					
SECONDARY:					

I hereby specifically reserve the right to remove or change any beneficiary at any time in the manner and form prescribed by the City of Omaha, Nebraska, retirement system identified above and without the knowledge or consent of the beneficiary. In the event I withdraw the amount to my credit in the Retirement System, this designation of beneficiary shall immediately become null and void for any possible benefits.

Signed this _____ day of _____ in the year _____

Day *Month* *Year*

Member's Signature: _____

Member's Address: _____

Witness #1† Signature & Address: _____

Witness #2† Signature & Address: _____

† *Witness cannot be a named beneficiary*

Please return this form by hand or by certified/registered mail to ensure receipt to the City of Omaha Human Resources Department, Benefits Division, 1819 Farnam Street, Suite 506, Omaha, NE 68183