

STATE OF DELAWARE
OFFICE OF PENSIONS

(800) 722-7300

860 Silver Lake Blvd., Suite 1, Dover, DE, 19904

(302) 739-4208

BURIAL BENEFIT DESIGNATION/CHANGE OF BENEFICIARY FORM

Name of Pensioner: _____ Pensioner's ID: _____

Pension Plan: State Employees' Pension Plan New State Police Pension Plan Closed State Police Pension Plan Legislators' Pension Plan

THIS FORM REVOKES ALL PREVIOUS BENEFICIARY DESIGNATIONS.

All beneficiaries must be restated even if they are not being changed. For example, if you are changing only the secondary beneficiary, you must also restate the primary beneficiary.

Please complete form in its entirety and return to the Pension Office promptly. Incomplete forms will be rejected.

<input type="checkbox"/> Primary <input type="checkbox"/> Secondary (Choose one) Full Name of individual or organization _____ Date of Birth _____ SSN / TIN _____ Relationship to Pensioner _____ Mailing address _____ Optional Contact Information (Telephone/email): _____
<input type="checkbox"/> Primary <input type="checkbox"/> Secondary (Choose one) Full Name of individual or organization _____ Date of Birth _____ SSN / TIN _____ Relationship to Pensioner _____ Mailing address _____ Optional Contact Information (Telephone/email): _____
<input type="checkbox"/> Primary <input type="checkbox"/> Secondary (Choose one) Full Name of individual or organization _____ Date of Birth _____ SSN / TIN _____ Relationship to Pensioner _____ Mailing address _____ Optional Contact Information (Telephone/email): _____

I hereby direct that any amount of burial benefit payable at my death be paid to the Beneficiary(ies) designated above, if living. I understand that if more than one Beneficiary is designated, payment will be made in equal shares to each of the designated Beneficiaries as survive me, unless otherwise specified herein. If, at my death, there is no appropriately designated Beneficiary(ies), for all or any part of the death benefit, the burial benefit may be payable to my estate. Following my death, the burial benefit will be paid after my beneficiaries have completed and submitted the necessary documentation to the Office of Pensions. The burial benefit is subject to federal income tax.

X _____ PENSIONER'S SIGNATURE	X _____ TELEPHONE NUMBER
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For Use by Notary Public Only
Sworn to and subscribed before me this _____ day of _____ 20____.
_____ Signature of Notary Public

Place Notary Stamp Here