

Form No. BEN-1 (05/22/07)  
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STATE OF DELAWARE

**DESIGNATION OR CHANGE OF BENEFICIARY FORM**

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(Please Print)

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

I hereby revoke any previous beneficiary(ies) designation and I hereby direct that the excess amount, if any, of my accumulated pension contributions, with interest, over the aggregate of all pension payments made shall be paid to the beneficiary(ies) designated below, if living.

If more than one beneficiary is designated, I understand payment will be made in equal shares to such of the designated beneficiaries as survive me. If at my death, there is no designated beneficiary the settlement amount shall be paid to my estate.

NAME OF BENEFICIARY	ADDRESS	RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH

The right is reserved to revoke this designation and to designate new beneficiaries at any time by filing a new Designation or Change of Beneficiary Form.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**