



## PENSION BENEFICIARY DESIGNATION FORM

When the Bi-State Development Agency (dba Metro) is provided with proof of my death, I direct that all monies (contributions plus interest earned or monthly benefits amounts) due and payable under the provision of the pension plan in which I am a participant be distributed to:

### ***PRIMARY BENEFICIARY***

\_\_\_\_\_  
**NAME**

\_\_\_\_\_  
**SOCIAL SECURITY NO.**

\_\_\_\_\_  
**RELATIONSHIP**

\_\_\_\_\_  
**DATE OF BIRTH**

### ***SECONDARY BENEFICIARY (receives benefit if PRIMARY is deceased)***

\_\_\_\_\_  
**NAME**

\_\_\_\_\_  
**SOCIAL SECURITY NO.**

\_\_\_\_\_  
**RELATIONSHIP**

\_\_\_\_\_  
**DATE OF BIRTH**

If I fail to name a beneficiary or if no beneficiary survives me, I direct the Administration Pension Board to distribute all monies in the following order:

1. to my surviving spouse; or
2. if my spouse does not survive me, to my surviving children in equal shares; or
3. if neither my spouse nor any of my children survive me, to my surviving parents in equal shares; or
4. if none of the above survive me, then to the personal representative of my estate.

Any payment made in accordance with my directions listed above shall release Metro from any further liability for the amount paid.

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

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Badge Number**

\_\_\_\_\_  
**Date**