



PENSION BENEFICIARY DESIGNATION FORM

When 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	Relationship	Social Security #	Date of Birth	% (must equal 100)

SECONDARY BENEFICIARY (receives benefit if PRIMARY(ies) is deceased)

Name	Relationship	Social Security #	Date of Birth	% (must equal 100)

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 Bi/State Development/Metro from any further liability for the amount paid.

EMPLOYEE SIGNATURE

Social Security Number

Print Name

Badge Number

Date