

**CHARLOTTE FIREFIGHTERS' RETIREMENT SYSTEM  
MEMBER INFORMATION AND BENEFICIARY DESIGNATION  
SUBSEQUENT TO RETIREMENT**

**MEMBER INFORMATION**

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

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Address (Street Name and Number, Apartment/Unit Number, if applicable)

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Date of Birth Employment Date Social Security Number

\*\*\*\*\*

**DESIGNATION OF BENEFICIARY** I hereby direct the Board of Trustees of the Charlotte Firefighters' Retirement System to pay the accumulated retirement benefits or contributions, if such are due to my estate in the event of my death, to the person or persons indicated below. I understand that this designation supersedes any and all prior forms completed by me. I further understand that any future beneficiary change I wish to make must be submitted on the appropriate form provided by the Charlotte Firefighters' Retirement System. THE CHARLOTTE FIREFIGHTERS' RETIREMENT SYSTEM RESERVES THE RIGHT TO DENY ANY CHANGE OF BENEFICIARY WHERE IN ITS DETERMINATION SUCH CHANGE MAY HAVE A FINANCIAL OR ACTUARIAL IMPACT UPON THE SYSTEM.

**Primary Beneficiary:**

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Address (Street Name and Number, Apartment/Unit Number if applicable)

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Beneficiary's Relationship to Member Beneficiary's Date of Birth Beneficiary's SSN

Check One:      ☐ Secondary Beneficiary (if Primary is not living)      ☐ Additional Beneficiary or Beneficiaries  
(indicate percentage for distribution)

\_\_\_\_\_  
Last Name First Name Middle Name Relationship DOB \_\_\_\_\_ SSN \_\_\_\_\_ %

\_\_\_\_\_  
Address (Street Name & Number, Apartment/Unit Number if applicable) City State Zip Code

\_\_\_\_\_  
Last Name First Name Middle Name Relationship DOB \_\_\_\_\_ SSN \_\_\_\_\_ %

\_\_\_\_\_  
Address (Street Name & Number, Apartment/Unit Number if applicable) City State Zip Code

\_\_\_\_\_  
Signature of Member Retiree

\_\_\_\_\_  
Signature of Witness (may not be a named beneficiary)

\_\_\_\_\_  
Printed Name of Member Retiree

\_\_\_\_\_  
Printed Name of Witness