STATE OF DELAWARE
CHANGE OF BENEFICIARY FORM

Name of Pensioner: _____
Last, First, Middle (PLEASE PRINT)

Pensioner's Employee ID (or Social Security#) _____

In accordance with section 5546, Title 29, Delaware Code, I hereby direct that any amount of burial benefit payable at my death be paid to the Beneficiary designated below, if living. If more than one Beneficiary is designated, payment will be made in equal shares to such of the designated Beneficiaries (or Beneficiary) as survive the Retiree, unless otherwise specified herein. If at the death of the Retiree, there is no designated Beneficiary, for all or any part of the death benefit, the amount of death benefit payable for which there is no designated Beneficiary shall be payable to the estate of the Retiree. However, the Pension Fund, at its option, may pay such amount to any one of the surviving relatives: spouse, mother, father, child or children and payment to any one or more of such surviving relatives shall completely discharge the Pension Fund's liability with respect to the amount of death benefit paid. The death benefit is subject to federal income tax. Beneficiaries can avoid taxation of the distribution by rolling over the distribution to an Individual Retirement Account (IRA) or to an eligible retirement plan within 60 days of the date the benefit is made payable. Following your death, the death benefit will be paid after all beneficiaries have completed and submitted the necessary documentation to the Office of Pensions. **Do not erase or attempt to make any corrections on this form. Use a new form if you make a mistake.**

***Relationship of Spouse applies to Spouse or Civil Union Spouse.*
**Relationship of Dependent applies to Dependent(s) and/or Civil Union Dependent(s)*

Primary/Contingent

☐ ☐ **1._____**
Name of Beneficiary (PLEASE PRINT) Date of Birth Relationship

_____
Address & Phone # of Beneficiary Social Security #

☐ ☐ **2._____**
Name of Beneficiary (PLEASE PRINT) Date of Birth Relationship

_____
Address & Phone # of Beneficiary Social Security #

☐ ☐ **3._____**
Name of Beneficiary (PLEASE PRINT) Date of Birth Relationship

_____
Address & Phone # of Beneficiary Social Security #

Signature:_____Date:_____

Sworn to and subscribed before me this
_____ day of _____20__

_____
Notary Public

PLEASE NOTIFY THE OFFICE OF PENSIONS OF YOUR BENEFICIARIES' ADDRESS CHANGES.
GL-2 Revised 2011