



**STATE OF DELAWARE**  
**STATE BOARD OF PENSION TRUSTEES**  
**AND**  
**OFFICE OF PENSIONS**

McArdle Building  
860 Silver Lake Blvd., Suite 1  
Dover, Delaware 19904-2402

**When Calling Long Distance**  
**Toll Free Number 1-800-722-7300**

**Telephone (302) 739-4208**  
**FAX # (302) 739-6129**

In accordance with 29 DEL. C. §5528(d), for survivor pension purposes. I would like to change the order of priority of eligible survivors as follows:

NAME	RELATIONSHIP
1) * _____	_____
2) * _____	_____
3) * _____	_____

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_ Date

\_\_\_\_\_ Member's Signature

\_\_\_\_\_ Member's Social Security Number

\_\_\_\_\_ Spouse's Signature

\*Survivor may be one of the following:

1. surviving spouse
2. unmarried child or children either under age 18 or between age 18 and 22, and attending school on a full-time basis, or over age 18 but permanently disabled before age 18
3. dependent parent who was receiving one-half of his or her support from you at the time of your death

Note: If you designate a disabled child, please attach medical information and copy of child's detailed birth certificate (detailed). If there are eligible children who are not disabled, indicate name of child(ren) and date(s) of birth. If more than one child, use back of form. If a spouse, indicate name and date of birth.