



Name <small>Last First Middle Maiden</small>		Date of Birth	Plan Type <small>(Check all that apply)</small> <input type="checkbox"/> School <input type="checkbox"/> Omaha <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Judges <input type="checkbox"/> Patrol <input type="checkbox"/> DCP
Social Security Number		Email Address	
Address		City State Zip	
Home Phone	Work Phone	Employer	

Beneficiary Designation Form

READ CAREFULLY BEFORE COMPLETING: Benefits will be paid to your survivors exactly as you provide on this form. This form supersedes prior beneficiary designation forms. If you name a trust or other legal entity as your beneficiary, include the name of both the trust and the trustee. Submit the original document only; photocopies and faxes will not be accepted. If you wish to designate more than five beneficiaries in either the Primary or Contingent category, you must attach a supplemental form(s) and indicate the number of additional pages here. _____

PRIMARY BENEFICIARY(IES): I designate the following person(s) to be my Primary Beneficiary(ies) for the Retirement Plan noted above. All Primary Beneficiaries designated will share equally in the benefit unless I have included a percentage (%) amount on the line following the date of birth below. (The shares of all Primary Beneficiaries must total 100%.) PLEASE PRINT.

NAME OF BENEFICIARY	SPOUSE / CHILD / OTHER	M / F GENDER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	% PERCENT
NAME OF BENEFICIARY	SPOUSE / CHILD / OTHER	M / F GENDER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	% PERCENT
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NAME OF BENEFICIARY	SPOUSE / CHILD / OTHER	M / F GENDER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	% PERCENT

CONTINGENT BENEFICIARY(IES): I designate the following person(s) to be my Contingent Beneficiary(ies) for the Retirement Plan noted above. I understand my Contingent Beneficiary(ies) will receive a share of my benefit if all Primary Beneficiaries pre-decease me or refuse their shares of the benefit. All Contingent Beneficiaries designated will share equally in the benefit unless I have included a percentage (%) amount on the line following the date of birth below. (The shares of all Contingent Beneficiaries must total 100%.) PLEASE PRINT.

NAME OF BENEFICIARY	SPOUSE / CHILD / OTHER	M / F GENDER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	% PERCENT
NAME OF BENEFICIARY	SPOUSE / CHILD / OTHER	M / F GENDER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	% PERCENT
NAME OF BENEFICIARY	SPOUSE / CHILD / OTHER	M / F GENDER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	% PERCENT
NAME OF BENEFICIARY	SPOUSE / CHILD / OTHER	M / F GENDER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	% PERCENT
NAME OF BENEFICIARY	SPOUSE / CHILD / OTHER	M / F GENDER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	% PERCENT

SIGNATURE OF MEMBER _____ **Date** _____

I hereby certify that the above member, whose identity I have established to my own satisfaction, freely and voluntarily signed this beneficiary designation form in my presence.

State of _____ }
County of _____ }



Subscribed and sworn before me this _____ day of _____, _____.

NOTARY PUBLIC SIGNATURE _____ My commission expires: _____

Beneficiary Designation Supplemental Form

IMPORTANT: This form is to be used as a supplement to the Beneficiary Designation Form only if you wish to designate more than five Primary or Contingent Beneficiaries. You may use as many Supplemental forms as needed. ***This form will NOT be accepted without the original, notarized Beneficiary Designation Form.***

NAME _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

PRIMARY BENEFICIARY(IES) (continued):

Fill in a percentage amount (%), for all persons designated below **(the shares of all primary beneficiaries must total 100%, including those listed on page 1)**. If all beneficiaries are to share equally, no percentage needs to be listed. **PLEASE PRINT.**

<hr/>	<hr/>	M / F	<hr/>	<hr/>	<hr/>
NAME OF BENEFICIARY	SPOUSE / CHILD / OTHER	GENDER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	% PERCENT
<hr/>	<hr/>	M / F	<hr/>	<hr/>	<hr/>
NAME OF BENEFICIARY	SPOUSE / CHILD / OTHER	GENDER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	% PERCENT
<hr/>	<hr/>	M / F	<hr/>	<hr/>	<hr/>
NAME OF BENEFICIARY	SPOUSE / CHILD / OTHER	GENDER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	% PERCENT
<hr/>	<hr/>	M / F	<hr/>	<hr/>	<hr/>
NAME OF BENEFICIARY	SPOUSE / CHILD / OTHER	GENDER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	% PERCENT
<hr/>	<hr/>	M / F	<hr/>	<hr/>	<hr/>
NAME OF BENEFICIARY	SPOUSE / CHILD / OTHER	GENDER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	% PERCENT
<hr/>	<hr/>	M / F	<hr/>	<hr/>	<hr/>
NAME OF BENEFICIARY	SPOUSE / CHILD / OTHER	GENDER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	% PERCENT
<hr/>	<hr/>	M / F	<hr/>	<hr/>	<hr/>
NAME OF BENEFICIARY	SPOUSE / CHILD / OTHER	GENDER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	% PERCENT

CONTINGENT BENEFICIARY(IES) (continued):

Fill in a percentage amount (%), for all persons designated below **(the shares of all contingent beneficiaries must total 100%, including those listed on page 1)**. If all beneficiaries are to share equally, no percentage needs to be listed. **PLEASE PRINT.**

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NAME OF BENEFICIARY	SPOUSE / CHILD / OTHER	GENDER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	% PERCENT
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NAME OF BENEFICIARY	SPOUSE / CHILD / OTHER	GENDER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	% PERCENT

SIGNATURE OF MEMBER _____ **Date** _____