

Knox County Retirement & Pension Board

City-County Building, Room 371
 400 Main Street
 Knoxville, Tennessee 37902-2401
 Phone: (865) 215-2323 Fax: (865) 215-2421



Asset Accumulation Program Beneficiary Change Form

Employee #: _____

Part 1 – Employee Data

Employee Full Name: <input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security No.:		Division:	
Street:		Date of Birth:	Marital Status:		<input type="checkbox"/> County <input type="checkbox"/> Schools
City:		State:	Zip:	Daytime Phone:	Dept.: _____

Part 2 – Designation of Beneficiary

- As a participant in the Knox County Asset Accumulation Program you are entitled to designate a beneficiary or beneficiaries who will receive a distribution of your benefits upon your death.
- If you are married, and wish to name someone other than your spouse as beneficiary, your spouse must complete Part 3 below and such consent must be witnessed by a Plan Representative or Notary Public.
- If you wish to name additional beneficiaries, please attach and sign additional sheet(s) indicating the type (Primary or Contingent) and percentage of each beneficiary identified.

Name:			Relationship:		
Check "P for Primary or "C" for Contingent	<input type="checkbox"/> P <input type="checkbox"/> C	Percentage:	SSN:	DOB:	
Street Address:			City:	State:	ZIP:
Name:			Relationship:		
Check "P for Primary or "C" for Contingent	<input type="checkbox"/> P <input type="checkbox"/> C	Percentage:	SSN:	DOB:	
Street Address:			City:	State:	ZIP:

Important Note: If you are divorced on or after 6/30/2007, any designation of your former spouse as beneficiary is automatically revoked as of the date of the divorce after June 30, 2007. You may again designate your ex-spouse as your beneficiary by filing a new, signed Beneficiary Change Form with the Retirement Office after the date of your divorce. If you were divorced prior to July 1, 2007, your divorce did not automatically revoke the designation of your ex-spouse as beneficiary; if you want to make a change, you must complete and file this form.

Part 3 – Spousal Consent to Beneficiary Designation

As spouse, I consent to the named beneficiary: (name(s) should be the same as listed above).	Beneficiary Name:	
<p>The Program's death benefit provisions have been explained to me and I hereby acknowledge that I understand:</p> <ol style="list-style-type: none"> That the effect of such designation is to cause my spouse's benefit to be paid to a beneficiary other than me; That each beneficiary is not valid unless I consent to it; and That my consent is irrevocable unless my spouse (the Participant) revokes the beneficiary designation to which I have consented in this Part 3. 		
Participant's Spouse:	Date:	Notary Seal:
Plan Representative or Notary Public:	Date:	

Part 4 – Employee Signature

Signature	Date
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Original/White Copy – Retirement Yellow Copy – Employer Pink Copy – Employee