

# Knox County Retirement & Pension Board

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



# Active Employee Beneficiary Change Form

- Defined Benefit Plan (DB Plan)  
 Uniformed Officer's Pension Plan (UOPP)

Employee # \_\_\_\_\_

## Part I – Employee Info

Employee Full Name: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #:	Date of Birth:
Address:		Phone:

## Part II – Primary Beneficiary(s)

I hereby revoke all designations of beneficiaries previously made by me and designate the following person(s), or my estate to receive any benefits payable under Article III of the Knox County Employees Benefit System *or* Article V of the Knox County Uniformed Officers Pension Plan in the event of my death.

#1 Primary Beneficiary Name:	Social Security #:	Date of Birth:
Address:	Percent:	Relationship:
#2 Primary Beneficiary Name:	Social Security #:	Date of Birth:
Address:	Percent:	Relationship:

**Important Note:** If you are divorced after June 30, 2007, any designation of your former spouse as beneficiary is automatically revoked as of the date of the divorce. 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 change your beneficiary, you must complete and file this form with the Retirement Office.

## Part III – Contingent Beneficiary(s)

In the event that the above named beneficiary(s) pre-decease me, I designate the following person(s) to receive any benefits payable in the event of my death. If all of the beneficiaries named on this form do not survive me, I direct that payment be made to my estate.

#1 Contingent Beneficiary Name:	Social Security #:	Date of Birth:
Address:	Percent:	Relationship:
#2 Contingent Beneficiary Name:	Social Security #:	Date of Birth:
Address:	Percent:	Relationship:

## Part IV – Employee Signature

Signature:	Date:
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## Part V – Plan Representative Signature

Plan Representative Signature:	Date:
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