

**ARAPAHOE COUNTY RETIREMENT PLAN
ADDRESS/PHONE NUMBER/NAME/BENEFICIARY CHANGE FORM**

Use this form to report a change in your address, phone number, name and/or beneficiary designation. Please read these instructions carefully and be sure you complete the appropriate parts of this form. Please print clearly in ink.

- **For address/phone number changes:** Complete Parts I, II and V. **For address/phone number changes**, you may email or mail this form to the Retirement Plan Administrator at 5334 S. Prince St. Littleton, CO 80120 or lquigley@arapahoegov.com. Your records will be updated and a confirmation will be sent to you.
- **For name changes:** Complete Parts I, III, and V. **Name changes** require a copy of the Court Order, Marriage Certificate or other documentation. You must submit this form and a copy of the required documentation to the Human Resources - Benefits Office. Your records will be updated and a confirmation will be sent to you.
- **For beneficiary changes:** Complete Parts I, IV, V and VI. For **beneficiary changes**, if applicable, please provide a copy of your Marriage Certificate, Divorce Decree (including exhibits), or a Death Certificate. If you are married or subsequently become married and you change your primary beneficiary to someone other than your spouse, your spouse must consent, in writing in Part VI, to your designation(s) and must have his/her consent witnessed by a Plan representative or a notary public. For **beneficiary changes**, you must return this original form to the Human Resources – Benefits Office, 5334 South Prince Street, Littleton, CO, 8012.

Part I – Your General Information (please print)

1. Name (currently on record): _____
2. Social Security Number: _____ Date of Birth: _____
Telephone: Home: () _____ Work: () _____
E-mail: _____ Fax: () _____
3. Are you reporting an address/phone number, name and/or beneficiary change?
 address/phone number change name change beneficiary change
4. If you are reporting a name change, please indicate reason for change:
 court order marriage other
5. If you are making a beneficiary change, please indicate reason for change:
 divorce marriage death of beneficiary other
6. Effective date of change: _____

Part II – Address/Phone Number Change (please print)

INFORMATION CURRENTLY ON RECORD		NEW INFORMATION
Apt./Bldg.	→	Apt./Bldg.
Street		Street
City		City
State		State
Zip Code		Zip Code
Province or Country		Province or Country
Phone Number		Phone Number

Part III – Name Change (please print) Note: If you are reporting a name change, please sign using your **NEW** name in Part V. Please attach a copy of the Court Order, Marriage Certificate or other documentation.

INFORMATION CURRENTLY ON RECORD		NEW INFORMATION
Last Name	→	Last Name
First Name		First Name
Middle or Initial		Middle or Initial

Part IV – Beneficiary Change (please print)

You have the right to change your primary or contingent beneficiary(ies) at any time; however, if you retire and elect a joint and survivor form of benefit, you *cannot change* your designated beneficiary once your benefit payments have begun. If you are married or subsequently become married and you name someone other than your spouse as sole primary beneficiary, your spouse must consent in writing to your designation and must have his/her consent witnessed in Part VI by a Plan representative or a notary public. If you are considering naming a minor child as beneficiary, you should name (A) the trustee under your will, if you have a trust set up for your minor child under your will (e.g., beneficiary designation may be “Trustee of the Testamentary Trust under my Will”) or (B) your child as follows: “[name of child] or, if [name of child] is under the age of 21, [name of adult], as custodian for [your child] under the Colorado Uniform Transfers to Minors Act” (e.g., beneficiary designation may be “Lisa M. Doe or, if Lisa M. Doe is under the age of 21, Mary K. Doe as Custodian for Lisa M. Doe under the Colorado Uniform Transfers to Minors Act”). For the transfer to be effective, the Colorado Uniform Transfers to Minors Act only requires that you name a custodian as previously described. No additional documentation is required. If more than one person under the age of 21 will be named as a beneficiary, a separate designation, with the benefit percentage, is required for each beneficiary. A benefit CANNOT be paid directly to a minor.

If you name an estate as beneficiary, an administrator, personal representative or an executor must be appointed before the benefit can be paid.

Types of Beneficiaries

- A. **Primary Beneficiary** – Person(s) to receive the death benefits payable upon the death of the member.
- B. **Contingent Beneficiary** – Person(s) to receive the death benefits payable upon the death of the member *if the primary beneficiary(ies) dies before the member.*

If you name **multiple** primary (or contingent) beneficiaries, the proceeds will be split equally among your primary beneficiaries who survive you or, if none of your primary beneficiaries survive you, equally among your contingent beneficiaries who survive you, unless you instruct otherwise on this form.

If your **primary** beneficiary(ies) dies before you do, and you have not named a **contingent** beneficiary, the proceeds will be paid to your estate.

If you elect a form of benefit that provides a **term certain benefit after your death** and the term certain payments have not been completed at your death, the "actuarial equivalent" value of the remaining monthly payments will be paid to your estate if no beneficiary is living at your death. If one or more beneficiaries survive you, the remaining monthly payments will be made to such beneficiaries after your death. If the term certain payments have not been completed at the death of your last surviving beneficiary, the "actuarial equivalent" value of the remaining monthly payments will be paid in a lump-sum to the estate of your last surviving beneficiary.

Primary Beneficiary Designation			
First Name	M.I.	Last Name	Date of Birth
Mailing Address			
Street/P.O. Box/Route		City/State	Zip Code
<i>Relationship to member</i> <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other:			
First Name	M.I.	Last Name	Date of Birth
Mailing Address			
Street/P.O. Box/Route		City/State	Zip Code
<i>Relationship to member</i> <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other:			

Contingent Beneficiary Designation			
First Name	M.I.	Last Name	Date of Birth
Mailing Address			
Street/P.O. Box/Route		City/State	Zip Code
<i>Relationship to member</i> <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other:			
First Name	M.I.	Last Name	Date of Birth
Mailing Address			
Street/P.O. Box/Route		City/State	Zip Code
<i>Relationship to member</i> <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other:			

Part V – Affirmation

I declare and affirm that the statements above are true, complete, and correct.

Signed: _____
Signature of Member

Date: _____

Part VI – Spousal Consent and Acknowledgement

I, the undersigned, as the spouse of the Arapahoe County Retirement Plan Member hereby voluntarily consent to the beneficiary designation(s) in Part IV above, and to any distribution made on the Member's death, according to the terms of the Retirement Plan. I further acknowledge that I understand that (1) the effect of my consent may be to forfeit benefits that I would have been entitled to receive upon my spouse's death, and (2) after my spouse's death, my consent is irrevocable. I agree to release and indemnify the Retirement Plan, Retirement Board, Plan Administrator and my spouse's employer (Arapahoe County), including, as applicable, these entities' officers, members, employees, trustees, fiduciaries, consultants, affiliates and agents from all liability and claims, including related costs and attorneys' fees, for acting pursuant to this consent.

Signed: _____
Signature of Spouse

Date: _____

Witness: _____
Plan Representative

Date: _____

If you do not sign the spousal consent portion of this form before a Plan representative, you must sign the form before a notary public.

The foregoing Spousal Consent and Acknowledgement was acknowledged before me this ____ day of _____, 20____, by _____.	
_____ (Notary's official signature)	Notary Seal
_____ (Commission Expiration)	