

Is this request to change beneficiary/beneficiaries? Yes No

Name _____
Last First MI Social Security Number Date of Birth

Address _____
Street City State Zip Code

School/Department _____ Base School/Location Number _____

Job Title _____
(If teacher, give grade or subject)

Subject to the terms of the Group Annuity Contract, I request that any sum becoming payable by reason of my death be payable to the following beneficiary/beneficiaries. (Enter name, address, and relationship to you.)

PRIMARY BENEFICIARY/BENEFICIARIES

Name	Address	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

CONTINGENT BENEFICIARY/BENEFICIARIES (If none of the above named Primary Beneficiary/Beneficiaries survive me.)

Name	Address	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I designate as the beneficiary or beneficiaries the above named person(s) to whom I request the Aetna Life Insurance Company to pay in the event of my death in active service, the total amount of the accumulated contributions standing to my credit in the Retirement System and, if I have completed at least one year of creditable service upon my death in active service, the death benefit as indicated in Section 13 of the MCPS Retirement and Pension Programs.

I hereby authorize the Aetna Life Insurance Company to make payment to the beneficiary or beneficiaries whom I have above nominated and agree on behalf of myself and my heirs and assigns, that payment so made shall be a complete discharge of the claim and shall constitute a release of the Aetna Life Insurance Company and the Montgomery County Public Schools from any further obligation on account of the benefit. I hereby direct that should both the primary and contingent beneficiary or beneficiaries of the above-named benefit predecease me, the amount which otherwise would have been payable to such beneficiary or beneficiaries shall become a part of and be paid to my estate, or to such other beneficiary or beneficiaries as I shall hereafter nominate, by written designation filed with the Montgomery County Public Schools, in accordance with the rules and regulations prescribed by the Group Annuity Contract.

If more than one person is named beneficiary, any benefit payments that they may become entitled to receive from the Aetna Life Insurance Company will, unless provided herein, be paid in equal shares to such of the designated persons, survivor or survivors, as shall be living at the time of my death.

_____/_____/_____
Signature Date