



Beneficiary Designation Form for Retirees of City Colleges of Chicago

Employee Information

Personal Information

Full Name: _____

Address: _____

Last *First* *M.I.*

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email _____

Birth Date: _____ Marital Status: Single/Widower Married/Domestic Partner Divorced

Spouse's Name: _____

It is important to designate primary and secondary beneficiaries for your retiree life benefits. Proceeds are paid to secondary beneficiaries only if there is no surviving primary beneficiary. If multiple primary beneficiaries or contingent beneficiaries are named and no percentage distribution is noted, then any proceeds payable will be split equally.

Primary Beneficiary(ies)					
	Social Security Number	Relationship to You	Date of Birth	Percentage Must equal 100%	
Name					
Address					
Name					
Address					
Name					
Address					
Secondary Beneficiary(ies)					
	Social Security Number	Relationship to You	Date of Birth	Percentage Must equal 100%	
Name					
Address					
Name					
Address					
Name					
Address					

Signature of Retiree _____ Date _____