|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CHANGE OF BENEFICIARY (Retirement Only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check the appropriate box(es):  Death Benefit  DROP  Service Annuity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Member Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | |  | | | | | | | | | | | | | | | | Social Security No. | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | |  | | | | | | | | | | | | | | | City/State/Zip | | | | | | | | | |  | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone | | | | (   ) | | | | | | | | | | | | | | | | | E-mail | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In accordance with the provisions of Act 454 of 1949, I hereby appoint and designate the following named persons as the beneficiary to whom I request the Board of Trustees of ASHERS to pay in the event of my death, the benefits to which the beneficiary shall be entitled. Payment so made shall be a complete discharge of the claims and shall constitute a release of the System from any further obligations on account of my interest in the System. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Member Signature*** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Date*** | |  | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Primary**/**Secondary Beneficiary (Circle One)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | |  | | | | | | | | | | | | | | | Social Security No | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship | | | | | | | | | |  | | | | | | | | | | | Date of Birth | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | |  | | | | | | | | | | | | | | | City/State/Zip | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Phone | | | | | | (   ) | | | | | | | | | | | | | | | | E-mail | | | | | |  | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If minor, | |  | | | | | | | | | | | | | | | | | “as custodian for |  | | | | | | | | | | | | | | | | | under the Arkansas Uniform Transfer to Minors Act” | | | | | | | | | | | | |
|  | | | | | | | | | (Custodian Name) | | | | | | | | | |  | (Name of minor) | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **Primary**/**Secondary Beneficiary (Circle One)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | |  | | | | | | | | | | | | | | | Social Security No | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship | | | | | | | | | |  | | | | | | | | | | | Date of Birth | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | |  | | | | | | | | | | | | | | | City/State/Zip | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Phone | | | | | | (   ) | | | | | | | | | | | | | | | | E-mail | | | | | |  | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If minor, | |  | | | | | | | | | | | | | | | | | “as custodian for |  | | | | | | | | | | | | | | | | | under the Arkansas Uniform Transfer to Minors Act” | | | | | | | | | | | | |
|  | | | | | | | | | (Custodian Name) | | | | | | | | | |  | (Name of minor) | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Primary/Secondary Beneficiary (Circle One) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | |  | | | | | | | | | | | | | | | Social Security No | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship | | | | | | | | | |  | | | | | | | | | | | Date of Birth | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | |  | | | | | | | | | | | | | | | City/State/Zip | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Phone | | | | | | (   ) | | | | | | | | | | | | | | | | E-mail | | | | | |  | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If minor, | |  | | | | | | | | | | | | | | | | | “as custodian for |  | | | | | | | | | | | | | | | | | | under the Arkansas Uniform Transfer to Minors Act” | | | | | | | | | | | |
|  | | | | | | | | | (Custodian Name) | | | | | | | | | |  | (Name of minor) | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Notary Public | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State of |  | | | | | | | | | | | | | | County of | |  | | | | | | | . On this | | | | |  | | | | | | | | | | | day of | |  | | , |  | , personally | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| appeared before me the said named | | | | | | | | | | | | | |  | | | | | | | | | | | | | , to be known to me to be the person described in and who executed | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| the foregoing instrument and this person acknowledges the execution of the same and being duly sworn to me, made oath that the statements in the application are true. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | |  |  | | |  | |  | | | | | Notary Public | | | | | | | |  | | | | | | | | | | | | | | | | |  | |
|  | | |  | | | | | (SEAL) | | | |  |  | | |  | |  | | | | |  | |  | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | |  |  | | |  | |  | | | | | My Commission Expires | | | | | | | | | | | | | |  | | | | | | | | | | |  | |
|  | | |  | | | | |  | | | |  |  | | |  | |  | | | | |  | |  | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |
| --- |
|  |

(A fully executed original of this form must be filed with the Executive Secretary if the *Beneficiary* is changed from the one named in the application.)