



DESIGNATION OF BENEFICIARY

NAME:	CHECK ONE <input type="checkbox"/> ACTIVE MEMBER <input type="checkbox"/> RETIREE <input type="checkbox"/> SURVIVOR OF RETIREE NAME OF RETIREE:	SOCIAL SECURITY NUMBER	DATE OF BIRTH
MAIDEN NAME, IF APPLICABLE			
MAILING ADDRESS			

Retirement Fund law provides that your spouse, your minor children, or both, if they survive you, will automatically be beneficiaries and receive benefits due, if any. Complete two copies of this form in ink. If you are a married woman, indicate your maiden name along with your first and last name. Keep one (1) copy, and **mail or bring to the Government of Guam Retirement Fund, 424 Route 8, Maite, Guam 96910, the original form with one (1) current/valid form of identification (I.D.) from the following list: driver's license; or Guam or state or military I.D.; or passport.** You may bring your original I.D., and it will be photocopied accordingly.

PRIMARY BENEFICIARY

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP	%
ADDRESS				
NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP	%
ADDRESS				
NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP	%
ADDRESS				

If you are designating more than three (3) beneficiaries, please complete additional Designation of Beneficiary Forms, as necessary. Number each page and indicate the total number of pages, accordingly. For Example: Page 1 of 2, Page 2 of 2, etc.

CONTINGENT BENEFICIARY

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP	%
ADDRESS				
NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP	%
ADDRESS				
NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP	%
ADDRESS				

The foregoing is made with my understanding and in accordance with the following conditions:

- 1) Should a beneficiary or beneficiaries survive in the event of my death, but all die before the benefits due or to become due have been paid, such unpaid benefits shall be paid to the estate of the last surviving beneficiary.
- 2) Should no beneficiary or beneficiaries herein designated survive the event of my death, any benefits due or to become due shall be payable to my estate, or to such other beneficiary or beneficiaries as I shall hereinafter nominate by written designation and file with the Board of Trustees.
- 3) This instrument shall become effective without further notice upon receipt by the Board of Trustees, and is made subject to all the provisions of the Retirement Law.

<u>NOTARY IS REQUIRED</u>	
Unless the Designation of Beneficiary Form is signed by the annuitant in the presence of two (2) Retirement Fund representatives.	
<p>I do hereby revoke any prior direction and authorize, empower, and direct the Board of Trustees of the Government of Guam Retirement Fund to make payable, in the event of my death, the total amount of Retirement benefits standing to my account, to the individual(s) above in the priority and percentage share indicated.</p>	<p style="text-align: center;">Witnessed By Notary Public or Two (2) Retirement Fund Representatives:</p>
Member/Retiree/Survivor's Signature & Date	Signature(s) & Date