



Retirement Beneficiary Designation Form

Reform Pension Plan

Use this form to designate new or change existing beneficiaries of your RPB retirement plan. These designations are separate from your Life Insurance beneficiary designations, if applicable. Fill in by hand using black ink or on screen (PDF), then upload to RPB at rpb.org/forms, or fax to 646-923-9662. For your security, please do not email this form.

1. PARTICIPANT INFORMATION

First Name _____ Last Name _____

2. BENEFICIARIES

Primary Beneficiaries

First Name	Last Name	Date of Birth	Relationship	Social Security #	Benefit Percent*	
					%	
					%	
					%	
TOTAL					<i>All primary beneficiary designations must total 100%</i>	100%

Contingent Beneficiaries

First Name	Last Name	Date of Birth	Relationship	Social Security #	Benefit Percent*	
					%	
					%	
					%	
TOTAL					<i>All contingent beneficiary designations must total 100%</i>	100%

Important: If you need more space to name beneficiaries or name a Trust (make sure to include Trust name and address), please attach a separate list that you have signed and dated.

3. SPOUSAL CONSENT

If you are married, your spouse must consent to the naming of any other primary beneficiary by signing the following statement:

I am the spouse of the RPB retirement plan participant and consent to the beneficiary designation(s) on this form. I understand that I am allowing the beneficiary(ies) to receive assets that would otherwise be paid to me.

Signature of Spouse: _____ Date: _____

(continued on next page)



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4. SIGNATURE AND DATE

By signing below, I agree that:

- The beneficiary information on this form replaces any prior beneficiary information for this policy and, upon receipt by RPB, will take effect as of the date on this form. RPB cannot be held responsible for any payment made by it before such receipt.
- If I am married and fail to designate a beneficiary, my spouse will be the beneficiary; if I am not married and fail to designate a beneficiary, my estate will be the beneficiary.
- If any of my insurance proceeds for which this designation applies is subject to spousal consent, my spouse must complete the Spousal Consent section on this form.
- I understand that these beneficiary designations will remain in effect until I submit a new form.

Participant *(print full name)*

Participant signature

Date

Address

City

State

Zip Code

Did you print and sign the form and attach the required trust information, if applicable? Did ALL required individuals sign?

Questions? Contact Robert Perry at 212-681-1818 or rperry@rpb.org

Return to RPB by:

- Uploading your documents at rpb.org/forms
- Fax: 646-923-9662

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