



**SOUTH CAROLINA STATE FIREFIGHTERS' ASSOCIATION**

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RETIREMENT PLAN AND TRUST**

**DESIGNATION OF BENEFICIARY FORM**

DEPARTMENT: \_\_\_\_\_

PARTICIPANT NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Continuously Employed Since: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Sex: \_\_\_\_\_

Married Participant

I understand that the death benefit must be paid to my surviving spouse, unless my spouse consents in writing to an alternative beneficiary. The Fire Department has provided me with a detailed explanation of the rights concerning the death benefit (PRE-RETIREMENT SURVIVOR BENEFIT EXPLANATION and ELECTION TO WAIVE PRE-RETIREMENT SURVIVOR WITH SPOUSAL CONSENT).

I understand that I must immediately inform the Fire Department of any change in my marital status.

Understanding my options, I choose to:

(1)  Keep my spouse as primary beneficiary. But if my spouse does not survive me, I name as contingent beneficiary(ies):

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Social Security Number

(2) ( ) name someone other than my spouse as the primary beneficiary. I understand that my spouse must agree to this waiver.

(1) Primary Beneficiary(ies):	Relationship
SS# _____	_____
_____	_____
_____	_____

(2) Contingent Beneficiary(ies)	Relationship
SS# _____	_____
_____	_____
_____	_____

(3) \_\_\_\_\_, I desire to name the South Carolina State Firefighters' Association Endowment as a contingent beneficiary for \_\_\_\_\_% of my account if none of the above named beneficiaries are alive.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Social Security Number

( ) UNMARRIED PARTICIPANT

I designate as beneficiary the person(s) named below. However, if I thereafter marry, this will revoke the designation. I will therefore immediately inform the Fire Department of any change in my marital status.

(1) Primary Beneficiary(ies)	Relationship
SS# _____	_____
_____	_____
_____	_____

(2) Contingent Beneficiary(ies)	Relationship
SS# _____	_____
_____	_____
_____	_____

(3) \_\_\_\_\_, I desire to name the South Carolina State Firefighters' Association Endowment as a contingent beneficiary for \_\_\_\_\_% of my account if none of the above named beneficiaries are alive.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Social Security Number

