CHARLOTTE FIREFIGHTERS' RETIREMENT SYSTEM MEMBER INFORMATION AND BENEFICIARY DESIGNATION PRIOR TO RETIREMENT

MEMBER INFO	<u>PRMATION</u>		DATE:				
Last Name		First	First Name		Middle Name		
Addre	ess (Street Name ar	nd Number, Apartme	ent/Unit Number, if a	oplicable)			
City		State	9	Zip Code			
		Employment Date		*****	Social Security Number		
pay the accumu that this designa	ation supersedes an	credited to me, in the y and all prior forms	the Board of Trustee e event of my death, completed by me. In provided by the Ch	to the person further under	or persons indicarstand that any fut	ited below ure benefi	. Lunderstand
Primary Beneficiary:		Last Name First Nam		me	Middle Name		
Addre	ess (Street Name a	nd Number, Apartm	ent/Unit Number if a	oplicable)	Zip Code		
Beneficiary's Re	elationship to Membe	er Beneficiary (if Prin	eficiary's Date of Birt	o Addit	Beneficiary's Socional Beneficiary	or Benef	iciaries)
Last Name	First Name	Middle Name	Relationship	DOE			Percent
Address (Stree	et Name & Number,	Apartment/Unit Nur	nber if applicable)	City	State	Zip C	ode
Last Name	First Name	Middle Name	Relationship	DOE	3 Soc S	Sec #	Percent %
Address (Street	t Name & Number, A	Apartment/Unit Num	ber if applicable)	City	State	Zip C	ode
Signature of M	ember		Signature of W	itness (may	not be a named be	eneficiary)	
Printed Name of	of Member		Printed Name	of Witness			