COUNTY OF LOUDOUN VOLUNTEER FIRE/RESCUE
LENGTH OF SERVICE RETIREMENT PLAN

BENEFICIARY DESIGNATION FORM

By completing this form, you designate who is to receive any death benefit that may be payable under the provisions of the above named service award program. Completing this form does not guarantee that a benefit will be paid upon your death. It is important that you provide all the requested information in the event that we have to attempt to locate your beneficiary. If all of your beneficiaries listed below are deceased at the time of your death, the death benefit will be paid to your estate. Send the completed form to Penflex, Inc., at 50 Century Hill Drive, Suite #3, Latham, NY 12110 or fax it to them at 518-783-6915.

Please consult with an attorney before naming a minor child or your estate as a beneficiary; typically death benefits can not be paid directly to a minor. To name more than 3 primary or contingent beneficiaries, please complete two forms and indicate "page 1 of 2" on the first form and "page 2 of 2" on the second form.

PLEASE PRINT CLEARLY USING BLUE OR BLACK INK

********** PARTICIPANT DATA - PLEASE FILL OUT COMPLETELY **********

_____ ___-___-____ ___/___/____

Volunteer First Name, MI, Last Name | Social Security Number | Date of Birth

_____ _____

Volunteer Mailing Address City State Zip | Company

********** PRIMARY BENEFICIARIES **********

Please list the person or persons you wish to receive the death benefit. If you list more than one person, each person listed will equally share the death benefit, provided they are alive as of your date of death. If one or more of your primary beneficiaries are deceased, the remaining primary beneficiaries will equally split the death benefit. If all of your primary beneficiaries are deceased, the benefit will then be paid to those you list under "CONTINGENT BENEFICIARIES".

	First, MI, Last Name	Relation	Date of Birth	Soc. Sec. No.	Mailing Address	City	State	Zip
1.								
2.								
3.								

********** CONTINGENT BENEFICIARIES **********

If all of your primary beneficiaries are deceased, the benefit will then be paid to those you list here. If one or more of your contingent beneficiaries are deceased, the remaining contingent beneficiaries will equally split the the death benefit.

	First, MI, Last Name	Relation	Date of Birth	Soc. Sec. No.	Mailing Address	City	State	Zip
1.								
2.								
3.								

********** SIGNATURE AND WITNESS **********

I hereby designate those named above as my beneficiaries and declare that this designation supercedes all previous beneficiary designations.

_____, _____ _____, _____

Volunteer Signature and Date | Witness Signature and Date

Witness must be an authorized Plan Representative (e.g., Loudoun County Government Benefits Staff) or a Notary

Form Updated 03/30/2011