
Social Security Number

Membership Number

**CITY OF DETROIT EMPLOYEES BENEFIT PLAN-CHAPTER VIII OF TITLE IX
of the
CHARTER OF THE CITY OF DETROIT**

Benefit Payable Upon Death of Member

NOMINATION OF BENEFICIARY

I, _____ hereby direct the
Governing Board of the City of Detroit Employees Benefit Plan, of the City of Detroit, to pay the amount of death benefit
due (as specified under the terms of the City Charter and Ordinances relating to this Employees Benefit Plan) to
my _____

(Give Relationship of Beneficiary)

(Give Full Name of Beneficiary)

whose date of birth is _____ , whose residence address is _____

if living, otherwise to my _____
(Contingent Beneficiary Relationship)

_____ whose residence address is _____
(Give Full Name of Contingent Beneficiary)

_____ if living; otherwise to my legal representatives.

Dated at _____ ,this _____ day of _____ 20 _____.

(Signature of Employee)

(Signature of Witness)

No. Street

City State Zip Code

Member's Date of Birth

