

JOHN WEINSTEIN, President/Treasurer
 MARK PATRICK FLAHERTY, Secretary
 DAN ONORATO, Member
 BRUCE D. CAMPBELL, Solicitor



CHERYL A. BATEMAN
 Executive Director

TED PUZAK, Vice President, Elected Member
 JENNIFER LIPTAK, Member
 BILL GALLAGHER, Elected Member
 TIMOTHY H. JOHNSON, Member

Complete and return to:

RETIREMENT BOARD OF ALLEGHENY COUNTY

Room 106 County Office Building—542 Forbes Avenue
 Pittsburgh, Pennsylvania 15219
 (412) 350-4674 FAX (412) 350-3923

BENEFICIARY CHANGE FORM

PLEASE PRINT

Status: Active Retired

Member Name:	Male <input type="checkbox"/>	Date of Birth: (DOB)
	Female <input type="checkbox"/>	
Address:	Phone #:	
	Employee # / SS #:	

To the Retirement Board of Allegheny County:

Please be advised that I order and direct that, in the event of my death, any funds standing to my credit in the Allegheny County Employees' Retirement Fund shall be paid to the following:

Beneficiary Name:	Relationship:	
Address:	Phone #:	
	DOB:	Share %:
Beneficiary Name:	Relationship:	
Address:	Phone #:	
	DOB:	Share %:
Beneficiary Name:	Relationship:	
Address:	Phone #:	
	DOB:	Share %:

In the event that my primary beneficiary/beneficiaries predecease(s) me, I designate as contingent beneficiary:

Contingent Beneficiary:	Relationship:
Address:	Phone #:

Member Signature

Date

Witness (**Witness is required**)

Date