



City of Newport News  
 Employees' Retirement and Benefits Office  
 2400 Washington Avenue  
 Newport News, VA 23607

**NNERF Beneficiary  
 Designation Form  
 Side 1**

Employee Name:	
Employees Date of Birth:	
SSN or Employee ID #:	
Address:	
Contact Phone Numbers	

**Beneficiaries for NNERF Basic and Optional Group Life Insurance**

I revoke any previous designations and elect payment of basic and optional group life insurance benefits to the beneficiaries designated below.

<b>Full Name</b> (Person or Estate) (First, Middle Initial, Last)			<b>SSN or Tax ID</b>
<b>Address</b> (Street, City, State & Zip)			
<b>Beneficiary Type</b> (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<b>Share %</b>	<b>Relationship</b>	<b>Birth Date</b>
<b>Full Name</b> (Person or Estate) (First, Middle Initial, Last)			<b>SSN or Tax ID</b>
<b>Address</b> (Street, City, State & Zip)			
<b>Beneficiary Type</b> (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<b>Share %</b>	<b>Relationship</b>	<b>Birth Date</b>
<b>Full Name</b> (Person or Estate) (First, Middle Initial, Last)			<b>SSN or Tax ID</b>
<b>Address</b> (Street, City, State & Zip)			
<b>Beneficiary Type</b> (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<b>Share %</b>	<b>Relationship</b>	<b>Birth Date</b>
<b>Full Name</b> (Person or Estate) (First, Middle Initial, Last)			<b>SSN or Tax ID</b>
<b>Address</b> (Street, City, State & Zip)			
<b>Beneficiary Type</b> (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<b>Share %</b>	<b>Relationship</b>	<b>Birth Date</b>

## Beneficiaries for NNERF Member Account Retirement Contributions Only

I revoke any previous designations and elect payment of my NNERF retirement contribution to the beneficiaries designated below. I understand that any remaining balance from my 5% contribution toward NNERF may be payable to my designated beneficiary at the time of my death.

<b>Full Name</b> (Person or Estate) (First, Middle Initial, Last)			<b>SSN or Tax ID</b>
<b>Address</b> (Street, City, State & Zip)			
<b>Beneficiary Type</b> (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<b>Share %</b>	<b>Relationship</b>	<b>Birth Date</b>
<b>Full Name</b> (Person or Estate) (First, Middle Initial, Last)			<b>SSN or Tax ID</b>
<b>Address</b> (Street, City, State & Zip)			
<b>Beneficiary Type</b> (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<b>Share %</b>	<b>Relationship</b>	<b>Birth Date</b>
<b>Full Name</b> (Person or Estate) (First, Middle Initial, Last)			<b>SSN or Tax ID</b>
<b>Address</b> (Street, City, State & Zip)			
<b>Beneficiary Type</b> (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<b>Share %</b>	<b>Relationship</b>	<b>Birth Date</b>
<b>Full Name</b> (Person or Estate) (First, Middle Initial, Last)			<b>SSN or Tax ID</b>
<b>Address</b> (Street, City, State & Zip)			
<b>Beneficiary Type</b> (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<b>Share %</b>	<b>Relationship</b>	<b>Birth Date</b>

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By signing this document below, I affirm that all the above information is accurate and reflects my intent for disbursement of benefits to the listed beneficiaries.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date