



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

Employee Retirement Fund Beneficiary Designation Form

Retiree Name:	
Address:	
Social Security #:	
Date of Birth:	
Home Telephone:	

Basic Life:		Date of Retirement:
		Effective Date:

Primary Beneficiary:

Name:	Address:	Phone Number:	Relationship:	%

Contingent Beneficiary:

Name:	Address:	Phone Number:	Relationship:	%

 Signature

 Date