

MULTIPLE BENEFICIARIES ATTACHMENT

Retirement Systems of Alabama
P. O. Box 302150 ♦ Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

I, _____, _____ - _____, hereby designate as the
Member's Full Name Social Security No.
 beneficiaries whom I wish to receive any benefit due at my death as follows:

Name			Address	Relationship to Me	Date of Birth	Social Security No.
First	Middle/Maiden	Last				

(Where multiple beneficiaries are designated, the Retirement Systems of Alabama, under the laws governing said System, shall construe such designation to indicate "joint survivorship", i.e., the money will be divided equally among those beneficiaries who survive you.)

In the event the designated beneficiaries listed above are different from those listed on my active account, I desire the change to be effective (check **one**):

- Upon the duly executed completion of this application filed with the Retirement Systems of Alabama.
- On the date my retirement becomes due and payable.

Signature of Applicant _____ Date _____

STATE OF ALABAMA, COUNTY OF _____

On this _____ day of _____, 20____, before me, the undersigned authority, a Notary Public in and said County and State, personally appeared before me, the above named individual, known to me to be the person who subscribed to the foregoing instrument.

(Seal)

Signature of Notary Public _____

My Commission Expires _____