



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.

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

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.

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

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