

1221 N Street, Suite 325, P.O. Box 94816 Lincoln, NE 68509-4816 402-471-2053 or 800-245-5712 Fax 402-471-9493

Fax 402-471-9493 npers.ne.gov

Name	First	Middle		Maiden	Data of Dintle		Plai	n Type
					Date of Birth -	-		ill that apply
Social Security Number		Retir	ement N	Number			Sta	ate ounty
Address		City	•		State Zi	р	☐ Ju	dges
Home Phone	Work Phone		Emplo	oyer			∐ Pa □ D0	trol CP
	Ra	eneficiary l	Desig	nation]	Form			
READ CAREFULLY BEFORE			_			r the Retirem	ent Plan in	dicated
above. Benefits will be paid to forms. If you name a trust or o document only; photocopies Primary or Contingent categor	ther legal entity as and faxes will not	your beneficiary be accepted. If	, include you wis	e the name sh to desig	e of both the trust and the nate more than three to	the trustee. S peneficiaries i	ubmit the on either the	original
PRIMARY BENEFICIARY(above. All Primary Beneficiaries following the date of birth below.	designated will shar	e equally in the b	oenefit u	nless I have	e included a percentage	(%) amount o		ed
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Address				Ci	ty	State	Zip	
Name of Beneficiary		Spouse/Chil	Id/Other	M/F Gender	Social Security Number	Date o	of Birth	%
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Beneficiary Designation Supplemental Form

IMPORTANT: This form is to be used as a supplement to the Beneficiary Designation Form only if you wish to designate more than three Primary or Contingent Beneficiaries. You may use as many Supplemental forms as needed. **This form will NOT** be accepted without the original, notarized Beneficiary Designation Form.

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Address			City	State	Zip			
Name of Ponefician	Spouse/Child/Other	$\frac{M/F}{Gender}$	Social Security Number	Date of Bi		%		
Name of Beneficiary	Spouse/Child/Other	Gender	Social Security Number	Date of Bi	rtn	%		
Address			City	State	Zip			
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