

THE FIREMEN'S RETIREMENT SYSTEM OF ST. LOUIS

BENEFICIARY DESIGNATION FORM

MEMBER INFORMATION

Last Name	First Name	M	Social Security Number
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Address	City	State	Zipcode
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Name of Spouse	Social Security Number	Spouse's DOB	Date of Marriage
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I, the undersigned, do hereby direct that any benefits due upon my death, if any, (including the \$2,000 Death Benefit, but not the Drop Benefit) be payable as follows:

FIRST – TO MY WIDOW UNMARRIED DEPENDENT CHILDREN UNDER AGE 18, OR DEPENDENT PARENTS, to the extent provided by the Retirement Law.

SECOND – TO THE BENEFICIARY, as listed below. (In the event there is no widow or dependent children under age 18, or dependent parents). The benefit will be divided equally among the names listed. Attach additional sheet if necessary. Share and Share Alike

Social Security Number	Beneficiary Name	Relationship	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

THIRD – TO THE CONTINGENT BENEFICIARY (if no beneficiary remains from above). The benefit will be divided equally among the names listed. Attach additional sheet if necessary.

Social Security Number	Beneficiary Name	Relationship	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE NOTE: This beneficiary designation supercedes all prior designations, which is effective upon its execution and delivery to The Firemen's Retirement System of St. Louis. The right to change the beneficiary is reserved to the member. If any information is missing, additional information may be required prior to recording your beneficiary designation. If all designated beneficiaries predecease the member, or if no beneficiary is designated, amounts will be paid pursuant to the terms of the Plan Document.

SIGNATURE OF MEMBER

DATE