Multiple Change Request Form

To Be Completed by Member -- please print clearly or type all information.

I wish to make changes to my record as checked here and for the section(s) filled out below. (Please check all that apply)

- □ Name Change
- □ Designation of beneficiary(ies)

Your Information
Please print clearly or type all personal information. Incomplete information will delay the processing of your retirement benefit.

Member Social Security Number

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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</tbody>
</table>

Name Change
If your name has changed, please complete this section. You must attach a copy of your new social security card with your correct name.

Old Name (Last, First, Middle/Maiden Name)

New Name (Last, First, Middle/Maiden Name)

Primary Beneficiary(ies) Designation
Please use this section to change primary beneficiary designations.

1. Name of Beneficiary
   Date of Marriage
   
<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security Number</td>
<td>Date of Birth</td>
<td>Sex (M or F)</td>
<td>Relationship to Me</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of available benefits be paid to this beneficiary</td>
<td>%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Name of Beneficiary
   Date of Marriage
   
<table>
<thead>
<tr>
<th>Address</th>
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<th>State</th>
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<td></td>
</tr>
</tbody>
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3. Name of Beneficiary
   Date of Marriage
   
<table>
<thead>
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<th>Address</th>
<th>City</th>
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</table>
**Multiple Change Request Form**

*To Be Completed by Member -- please print clearly or type all information.*

<table>
<thead>
<tr>
<th>Secondary Beneficiary(ies) Designation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Please use this section to change secondary beneficiary designations as well as the percentage allocated to each. The total percentage for secondary beneficiaries must equal 100%</td>
<td></td>
</tr>
</tbody>
</table>

1. **Name of Beneficiary**
   
   **Address**
   
   **City**
   
   **State**
   
   **Zip Code**
   
   **Social Security Number**
   
   **Date of Birth**
   
   **Sex (M or F)**
   
   **Relationship to Me**
   
   **Percentage of available benefits be paid to this beneficiary**
   
   **Date of Marriage**

2. **Name of Beneficiary**
   
   **Address**
   
   **City**
   
   **State**
   
   **Zip Code**
   
   **Social Security Number**
   
   **Date of Birth**
   
   **Sex (M or F)**
   
   **Relationship to Me**
   
   **Percentage of available benefits be paid to this beneficiary**

3. **Name of Beneficiary**
   
   **Address**
   
   **City**
   
   **State**
   
   **Zip Code**
   
   **Social Security Number**
   
   **Date of Birth**
   
   **Sex (M or F)**
   
   **Relationship to Me**
   
   **Percentage of available benefits be paid to this beneficiary**

4. **Name of Beneficiary**
   
   **Address**
   
   **City**
   
   **State**
   
   **Zip Code**
   
   **Social Security Number**
   
   **Date of Birth**
   
   **Sex (M or F)**
   
   **Relationship to Me**
   
   **Percentage of available benefits be paid to this beneficiary**

In the event of my death, if I have paid for beneficiary coverage with the Fulton County Schools Employees' Pension Fund and have completed 10 years of creditable service; a monthly pension benefit will be paid to my spouse. If my spouse does not survive me, then the benefit will be paid to my minor child(ren) until they attain the age of 21. If there is not a surviving spouse or minor child(ren) or if I have not elected beneficiary coverage with the Fulton County Schools Employees' Pension Fund or if I have not attained 10 years or more of creditable service, then I wish for the listed beneficiary(ies) to receive a lump sum settlement of my contributions.

**Before mailing this form, please be sure to:**

- Fill out completely. Incomplete forms will be returned to you and not processed.
- Sign and date the form.
- Your records will be updated when the correct, completed form is received in Pension Services.
- Completing this form revokes any prior information on file.

**Your Signature**

I certify that the information contained in this document has been filled out by myself and that the changes made will be effective on the date this form is received in Pension Services and revokes any prior information on file.

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Signature  
Date