



## Change of Beneficiary Form – GDCP Members

**GENERAL INSTRUCTIONS:** A. Print or type clearly. B. Please read the instructions on page 2 before completing this form. C. Changes are not valid until received by ERSGA.

**SECTION 1 – MEMBER INFORMATION**

Name: \_\_\_\_\_ SSN:    -   -

(Last) (First) (MI) (Maiden)

Mailing Address: \_\_\_\_\_  
(Street or PO Box) (City) (State) (Zip Code)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail: \_\_\_\_\_ Daytime Phone No.: (\_\_\_\_) \_\_\_\_\_ -  
(mm) (dd) (yyyy)

**SECTIONS 2 & 3 INSTRUCTIONS:** A. If you choose multiple beneficiaries, designate the % you want for each beneficiary following the beneficiary's name (total must equal 100%). If listing more than 2, please list the additional beneficiaries on a separate sheet.

**SECTION 2 – PRIMARY BENEFICIARY(IES)**

Name: \_\_\_\_\_ Percentage \_\_\_\_\_ %  
(Last) (First) (MI) (Maiden – If Applicable)

Mailing Address: \_\_\_\_\_  
(Street or PO Box) (City) (State) (Zip Code)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship To You: \_\_\_\_\_ Daytime Phone No.: (\_\_\_\_) \_\_\_\_\_ -  
(mm) (dd) (yyyy)

Name: \_\_\_\_\_ Percentage \_\_\_\_\_ %  
(Last) (First) (MI) (Maiden – If Applicable)

Mailing Address: \_\_\_\_\_  
(Street or PO Box) (City) (State) (Zip Code)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship To You: \_\_\_\_\_ Daytime Phone No.: (\_\_\_\_) \_\_\_\_\_ -  
(mm) (dd) (yyyy)

**Total Percentage 100%**

**SECTION 3 – SECONDARY BENEFICIARY(IES)**

Name: \_\_\_\_\_ Percentage \_\_\_\_\_ %  
(Last) (First) (MI) (Maiden – If Applicable)

Mailing Address: \_\_\_\_\_  
(Street or PO Box) (City) (State) (Zip Code)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship To You: \_\_\_\_\_ Daytime Phone No.: (\_\_\_\_) \_\_\_\_\_ -  
(mm) (dd) (yyyy)

Name: \_\_\_\_\_ Percentage \_\_\_\_\_ %  
(Last) (First) (MI) (Maiden – If Applicable)

Mailing Address: \_\_\_\_\_  
(Street or PO Box) (City) (State) (Zip Code)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship To You: \_\_\_\_\_ Daytime Phone No.: (\_\_\_\_) \_\_\_\_\_ -  
(mm) (dd) (yyyy)

**Total Percentage 100%**

**SECTION 4 – SIGNATURE & ACKNOWLEDGEMENT**

*I designate the above for any benefits due after my death. I have read and understand the instructions on Page 2 of this form.*

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# GEORGIA DEFINED CONTRIBUTION PLAN (GDCP) MEMBER CHANGE OF BENEFICIARY FORM

## Instructions

Complete and return to ERSGA. Incomplete forms are not valid and will be returned.

- If you wish to name more than two beneficiaries (either primary or secondary), please write “see attached” in the space for the beneficiary name and attach an additional sheet listing those beneficiaries in the same format used in Sections 2 & 3 of this application. Designate each additional beneficiary as either primary or secondary. Be sure to include the same beneficiary information for each additional beneficiary. ***You must sign and date the additional listing of beneficiaries and include your last four digits of your Social Security Number on the upper right hand corner of the additional sheet.***
- Primary and secondary beneficiaries may be changed at any time, but this change is not effective until it is received in this office.
- A secondary beneficiary will receive a benefit ***only*** if the primary beneficiary(ies) predeceases you.
- Remember that a will does not take precedence over this designation.

### Sections 1 and 4 – Personal Information and Signature

- Complete all information in Section 1.
- This change of beneficiary form must be signed and dated in Section 4.
- Incomplete forms will not be processed and will be returned immediately. Once this form has been completed according to these instructions, return it and all applicable attachments to ERSGA.

### Sections 2 and 3 – Beneficiary Designation

**PRIMARY BENEFICIARIES:** The primary beneficiary(ies) will receive a refund of your contributions and interest.

**SECONDARY BENEFICIARIES:** Your secondary beneficiary(ies) will receive the benefit ***only*** if the primary beneficiary predeceases you.