



ALLEGHENY COUNTY

**EMPLOYEES' RETIREMENT SYSTEM**

CONTRIBUTION BENEFICIARY

In the event of my death, any of my contributions remaining in the Allegheny County Employees' Retirement Fund shall be paid to the following:

Primary Beneficiary Name:	Relationship:	DOB:	Phone Number:
Address:	SHARE%:	Social Security #:	
City/State/Zip:			
Primary Beneficiary Name:	Relationship:	DOB:	Phone Number:
Address:	SHARE%:	Social Security #:	
City/State/Zip:			
Contingent Beneficiary Name:	Relationship:	DOB:	Phone Number:
Address:	SHARE%:	Social Security #:	
City/State/Zip:			
Contingent Beneficiary Name:	Relationship:	DOB:	Phone Number:
Address:	SHARE%:	Social Security #:	
City/State/Zip:			

I am a  active  retiring  retired member.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Last 4 digits of SSN

\_\_\_\_\_  
Personal E-mail

\_\_\_\_\_  
Daytime Telephone Number

Complete and return to:

**Allegheny County Employees' Retirement System**  
106 County Office Building • 542 Forbes Avenue • Pittsburgh, PA 15219 • (412) 350-4674

Effective March 2016