

KENT COUNTY EMPLOYEES' RETIREMENT PLAN
NOTIFICATION OF RECORD CHANGES

Employee Name _____

Employee ID# _____

Social Security Number _____

Department _____

NAME CHANGE

As a member of the Kent County Employees' Retirement Plan, I wish to have my name changed as follows:

Name Changed:

From: _____

To: _____

Effective date of name change: _____

**Please attach a copy of your Social Security Card with your new name.*

BENEFICIARY CHANGE

As a member of the Kent County Employees' Retirement Plan, I wish to designate the following person as my beneficiary to receive any money payable to such beneficiary:

Name _____ Social Security # _____

Relationship _____

Address _____

I hereby revoke any designation of beneficiary under the plan previously made by me.

Employee Signature _____ Date _____

Witness Signature _____ Date _____