

**KENT COUNTY EMPLOYEES' RETIREMENT PLAN**  
**NOTIFICATION OF RECORD CHANGES**

Employee Name \_\_\_\_\_

Employee ID# \_\_\_\_\_

Social Security Number \_\_\_\_\_

Department \_\_\_\_\_

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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.*

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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:

Primary Beneficiary Name	Social Security #	Relationship
_____	_____	_____

Contingent Beneficiary Name	Social Security #	Relationship
_____	_____	_____

*\*Use Reverse to add additional beneficiaries.*

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

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Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_