Designation of Multiple Beneficiaries



▼ 10 Be Completed	by Member please print clearly			Georgia	
Your Information Print or type all personal information below.	Social Security Number				
	Last Name	 First Name		Middle Initial	
Beneficiary	PRIMARY BENEFICIARIES			`	
Designation Please designate your	1	 			
primary and/or secondary	Name of Beneficiary	Date of Birth	Sex (M or F)	Relationship to Me	
beneficiaries. The total percentage for primary beneficiaries should equal 100%. The total percentage for secondary beneficiaries should equal 100%. For example, if you have 3 primary beneficiaries, you need to make sure that the percentages allotted equal 100% (e.g., 40%, 30%, 30%).	Address	City	State	Zip Code	
		Percentage of available benefits to be paid%			
	2. Name of Beneficiary	Date of Birth	Sex (M or F)	Relationship to Me	
	Name of Bonellolary	Date of Birtin	COX (IVI OI 1)	relation only to we	
	Address	City	State	Zip Code	
	Soc. Sec. No.	Percentage of a	vailable benefits to	be paid%	
	3				
	Name of Beneficiary	Date of Birth	Sex (M or F)	Relationship to Me	
	·				
	Address	City	State	•	
	Soc. Sec. No.	oc. Sec. No Percentage of available benefits to be paid%			
	4	· <u></u>			
	Name of Beneficiary	Date of Birth	Sex (M or F)	Relationship to Me	
	Address	O:t- :	<u> </u>	7:- O- d-	
	Address	City	State	Zip Code	
	Soc. Sec. No Percentage of available benefits to be paid%				
	5 Name of Beneficiary	Date of Birth	Sex (M or F)	Relationship to Me	
	Name of Beneficially	Date of Billi	Sex (IVI OI F)	Relationship to Me	
	Address	City	State	Zip Code	
	Soc. Sec. No.	Percentage of a	vailable benefits to	be paid%	
	SECONDARY BENEFICIARIES				
	1.				
	Name of Beneficiary	Date of Birth	Sex (M or F)	Relationship to Me	
	Address	City	State	Zip Code	
	Soc. Sec. No.	Percentage of available benefits to be paid%			
	2				
	Name of Beneficiary	Date of Birth	Sex (M or F)	Relationship to Me	
	Address	City	 State	Zip Code	
	Soc. Sec. No.	,			
	3 Name of Beneficiary	Date of Birth	Sex (M or F)	Relationship to Me	
	rame or Bonomolary	Date of Birth	σολ (III σι 1)	r tolation on p to mo	
	Address	City	State	Zip Code	
	Soc. Sec. No.	Percentage of av	ailable benefits to b	pe paid%	
Your Signature					
Please sign and date					
verifying the information provided above is accurate.	Signatura		-	210	
provided above is accurate.	Signature		Di	ate	