

CITY OF NORWICH
Beneficiary Information Form
Survivor Benefit

If your signature is not witnessed by a Human Resource representative, beneficiary form must be notarized.

Pensioner Name (Please print): _____

Retirement Effective: _____

Pension Plan (Police, Fire, General City): _____

Phone Number(s) _____

IF MARRIED

Name of Spouse:	_____
Birth Date of Spouse:	_____
SSN of Spouse:	_____
Date of Marriage:	_____

IF APPLICABLE, list dependent children age 18 and under

Name	Relationship	Date of Birth

IF YOU ARE NOT MARRIED, please list a beneficiary for your pension contributions in excess of the benefits you received. **IF MARRIED**, you may also list a contingent beneficiary for contributions in excess of benefits received.

Name:	_____
Relationship:	_____
Date of Birth:	_____
Social Security No.:	_____
Street Address:	_____
City State Zip Code:	_____

Your Signature _____ Date _____

HR Witness Signature _____ Date _____

Stamp and Signature of Notary Public _____

Date Commission Expires: _____