

Amarillo College Benefit Retirement Plan
for Part-Time Employees

Name of Employee: _____ SSN _____

Effective Date of Change: _____

Name Change to: _____

New Address: _____

Change of Beneficiary **Primary Beneficiary**

I hereby designate the following person(s) as my beneficiary to receive payments which may be due under the Amarillo College Benefit Retirement Plan for Part-time Employees following my death.

Name _____
:

Date of Birth: _____ Relationship: _____

Address _____
:

Alternate Beneficiary

Only in the event I live longer than the primary beneficiary person(s) as my beneficiary to receive any payments which may be due under the Amarillo College Benefit Retirement Plan for Part-time Employees following my death.

Name _____
:

Date of Birth: _____ Relationship: _____

Address _____
:

Signature of Member: _____ Date: _____
Signed:

Signatures of two witnesses not related to member are required:

Signature of Witness

Signature of Witness