

PENSION SYSTEM MEMBERSHIP RECORD FORM

In order that my status in the New Castle County Pension System may be properly determined and that I may receive coverage under the various provisions made by the system, which include the service retirement allowance, disability benefits, death benefits, and the return of my contributions upon separation from service for any cause other than death or retirement, I submit the following information:

NAME:			SOCIAL SECURITY NO.		
ADDRESS:					
DATE OF BIRTH			PLACE OF BIRTH		
PHONE NO.			SEX		
I AM	SINGLE	MARRIED	DIVORCED	WIDOWED	SEPARATED

Written or printed record in support of the above date of birth has been provided in the form of a _____ (New Castle County Code 26-679 amended, adopted by County Council 8/29/86, states that a certified birth certificate must be produced. If unable to obtain a certified copy of an official birth certificate, the applicant shall submit to the Pension and Benefits Coordinator such proof of age, a sworn affidavit and supporting documentation from the applicant, setting forth age, and such other facts as the Board of Trustees deems relevant and sufficient to establish the applicant's age (such as official documents executed in infancy or early youth, such as census records or early school records).

Nomination of Beneficiary

NAME OF BENEFICIARY	
ADDRESS OF BENEFICIARY	
RELATION TO ME	
SOCIAL SECURITY NO:	DATE OF BIRTH

NAME OF CONTINGENT BENEFICIARY
ADDRESS OF CONTINGENT BENEFICIARY
RELATION TO ME

NAME OF CONTINGENT BENEFICIARY
ADDRESS OF CONTINGENT BENEFICIARY
RELATION TO ME

If the beneficiary or contingent beneficiary herein nominated does not survive me, and no other written nomination has been filed by me, then the beneficiary shall be my estate. I reserve the right to change the beneficiary or contingent beneficiary at any time by filing written notice of such change, duly acknowledged with the New Castle County Pension and Benefits Coordinator.

Signature: _____

Date: _____