

ARKANSAS STATE HIGHWAY EMPLOYEES' RETIREMENT SYSTEM CHANGE OF BENEFICIARY ALL BENEFITS

Member Information

Name _____ Social Security No. _____
 Address _____ City/State/Zip _____
 Phone () _____ E-mail _____

In accordance with the provisions of Act 454 of 1949, I hereby appoint and designate the following named persons as the beneficiary to whom I request the Board of Trustees of ASHERS to pay in the event of my death, the benefits to which the beneficiary shall be entitled. Payment so made shall be a complete discharge of the claims and shall constitute a release of the System from any further obligations on account of my interest in the System.

Member Signature _____ **Date** _____

Primary/Secondary Beneficiary ◀ (Circle One)

Name _____ Social Security No _____
 Relationship _____ Date of Birth _____
 Address _____ City/State/Zip _____
 Phone () _____ E-mail _____
 If minor, _____ "as custodian for _____ under the Arkansas Uniform Transfer to Minors Act"
(Custodian Name) (Name of minor)

Primary/Secondary Beneficiary ◀ (Circle One)

Name _____ Social Security No _____
 Relationship _____ Date of Birth _____
 Address _____ City/State/Zip _____
 Phone () _____ E-mail _____
 If minor, _____ "as custodian for _____ under the Arkansas Uniform Transfer to Minors Act"
(Custodian Name) (Name of minor)

Primary/Secondary Beneficiary ◀ (Circle One)

Name _____ Social Security No _____
 Relationship _____ Date of Birth _____
 Address _____ City/State/Zip _____
 Phone () _____ E-mail _____
 If minor, _____ "as custodian for _____ under the Arkansas Uniform Transfer to Minors Act"
(Custodian Name) (Name of minor)

Notary Public

State of _____ County of _____ . On this _____ day of _____ , _____ , personally appeared before me the said named _____ , to be known to me to be the person described in and who executed the foregoing instrument and this person acknowledges the execution of the same and being duly sworn to me, made oath that the statements in the application are true.

(SEAL)

Notary Public _____

My Commission Expires _____