



CITY OF PROVIDENCE

DESIGNATION OF BENEFICIARY

I, _____, a member of the Employee Retirement System of the City of Providence, hereby designate _____ who is my _____ and who was born on _____, having Social Security Number _____ and whose address is _____ as the beneficiary to whom I authorize to receive the total amount of accumulated contributions and/or interest, standing to my credit in the Employee Retirement System, upon my death.

Should I survive said beneficiary, I direct that the amount of such accumulated contributions and/or interest shall be paid to my legal representative, or to such other beneficiary as I shall hereafter nominate prior to the date of my retirement.

Signature of Member of Employee Retirement System

ACKNOWLEDGMENT

County of _____, State of _____:

On this ____ day of _____, 20__ the member named above _____ known to me to be the person described in and who executed the forgoing instrument acknowledged that he executed the same and being duly sworn by me made oath that the statements made herein are true.

Notary Signature _____ Commission Expiration _____