



DESIGNATION OF BENEFICIARY

Associated Chaffey Teachers Member Survivor Benefits

(Use Blue or Black Ink Only. DO NOT erase or cross-out)

A. Member's Information			
Name <i>(Last, First, MI)</i>		School Site/Department	
Home Address	City, State, Zip	Phone	
B. Primary Beneficiary of A.C.T. Member Survivor Benefits			
Name	Address <i>(including zip code)</i>	Phone	Relationship
C. Alternate Beneficiaries <i>(listed in order of preference)</i>			
Name	Address <i>(including zip code)</i>	Phone	Relationship
<input type="checkbox"/> I understand that this is a special benefit provided by the local bargaining unit known as Associated Chaffey Teachers and is awarded solely in the event of a member's death. This document will be placed in the local member's file and used only for the purpose of honoring the expressed wishes of that member as to the payment of survivor benefits available from the Associated Chaffey Teachers. This benefit and designation of such, is separate from any other benefit(s) that may be available to a member through his/her employer, group benefit/insurance plan(s), etc. <i>I understand that this designation will remain in effect for as long as I am an active member of the Associated Chaffey Teachers. Any cancellation or change of beneficiary must be made by me in writing, and submitted to the office of the Associated Chaffey Teachers for processing.</i>			
Signature of Member <i>(Member Only)</i>		Date Signed	
For Local Agency Use Only			
MR#	Received By	Title	Date Rec'd