

**DESIGNATION OF RETIREMENT PLAN BENEFICIARY FORM FOR ACTIVE/INACTIVE MEMBERS**

CO-999 6/2018

STATE OF CONNECTICUT  
OFFICE OF THE STATE COMPTROLLER  
RETIREMENT SERVICES DIVISION

**I. EMPLOYEE PERSONAL INFORMATION**

MEMBER STATUS: NEW MEMBER <input type="checkbox"/>				ACTIVE MEMBER <input type="checkbox"/>		INACTIVE MEMBER <input type="checkbox"/>	
				INACTIVE MEMBERS (ONLY):			
				NEW ADDRESS <input type="checkbox"/>		NAME CHANGE <input type="checkbox"/>	
LAST NAME	FIRST NAME	M.I.	EMPLOYEE NO.	SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
ADDRESS (Street No., Name) (City, State, Zip Code)							
MARITAL STATUS		MARRIED <input type="checkbox"/>	DATE OF MARRIAGE	NAME OF SPOUSE			
		SINGLE <input type="checkbox"/>					

**II. BENEFICIARY DESIGNATION**

- I Type or PRINT clearly.
- I You may name any living person, your estate, a trust, or a charitable organization as your beneficiary.
- I At least one beneficiary must be named. If more than one primary beneficiary is named, the share of the beneficiary who dies before you shall be divided equally among the surviving beneficiaries.
- I A payment is made to a contingent beneficiary(ies) only if all primary beneficiaries die before you do.
- I If you survive all of the beneficiaries named, payment would be made to your estate.
- I To designate a trust as beneficiary enter the name and date of the trust agreement in the Beneficiary section of this form; leave the Relationship and Social Security sections blank; and indicate Primary or Contingent.
- I To designate your estate as beneficiary enter the word "Estate" in the beneficiary section of this form; leave the Relationship and Social Security sections blank; indicate Primary or Contingent.

Primary beneficiary(ies) must equal 100%. Contingent beneficiary(ies) must equal 100%. Please use whole percentages. If there are more than (4) beneficiaries designated, check the box to the right and attach an additional CO-999 form listing additional beneficiaries.

NAME OF BENEFICIARY			PRIMARY <input type="checkbox"/>	SOCIAL SECURITY NUMBER			NAME OF BENEFICIARY			PRIMARY <input type="checkbox"/>	CONTINGENT <input type="checkbox"/>	SOCIAL SECURITY NUMBER			
Last Name		First Name		M.I.	NUMBER			Last Name		First Name		M.I.	NUMBER		
ADDRESS (Street No., Name)				RELATIONSHIP				ADDRESS (Street No., Name)				RELATIONSHIP			
(City, State, Zip Code)				PERCENT				DATE OF BIRTH				(City, State, Zip Code)			
NAME OF BENEFICIARY			PRIMARY <input type="checkbox"/>	CONTINGENT <input type="checkbox"/>	SOCIAL SECURITY NUMBER			NAME OF BENEFICIARY			PRIMARY <input type="checkbox"/>	CONTINGENT <input type="checkbox"/>	SOCIAL SECURITY NUMBER		
Last Name		First Name		M.I.	NUMBER			Last Name		First Name		M.I.	NUMBER		
ADDRESS (Street No., Name)				RELATIONSHIP				ADDRESS (Street No., Name)				RELATIONSHIP			
(City, State, Zip Code)				PERCENT				DATE OF BIRTH				(City, State, Zip Code)			

**III. MEMBER'S STATEMENT**

I hereby revoke all previous appointments of beneficiaries made by me, if any, and designate the person(s) named above as beneficiary(ies) such person(s) to receive upon my death any and all sums due me from the Retirement System of which I am a member. This designation shall remain in effect unless I subsequently change it by written notice to the Retirement Services Division.

EMPLOYEE'S SIGNATURE		DATE	
AUTHORIZED AGENCY SIGNATURE (& TITLE)		PHONE	DATE
		860-486-3034	

Forward completed form to: Retirement Services Division, Customer Service Center, 55 Elm Street, Hartford, CT 06106. Agency should retain one copy and provide one copy to employee.