

SHERIFFS' RETIREMENT FUND OF GEORGIA
1000 SHERIFFS WAY
MADISON, GEORGIA 30650
DESIGNATION OF BENEFICIARY FOR DEATH BENEFITS

The undersigned, member sheriff, hereby designates that following beneficiary or beneficiaries to receive death benefits from the Sheriffs' Retirement Fund of Georgia, upon the death of the undersigned, member sheriff, to wit:

Beneficiary or Beneficiaries: (Give name, address and social security number)

It is understood that the beneficiary(ies) above named will receive the death benefits from the Sheriffs' Retirement Fund of Georgia, only if there is no surviving spouse of the member sheriff at the time of decease. The surviving spouse of the member sheriff shall be entitled to receive the death benefits, as by law provided, regardless of the party or parties named as beneficiary above.

It is further understood that if none of the person(s) named above as a beneficiary are living at the time of the decease of the member sheriff the death benefits shall be payable to the estate of the member sheriff or to the legal representative of the estate.

It is further understood that in the event more than one person is named as beneficiary, the payment of death benefits will be made to the survivor(s) of said named beneficiaries in the event that one or more of the named beneficiaries are deceased at the time of the decease of the member sheriff.

In naming the above named beneficiary(ies) the undersigned member sheriff hereby revokes, suspends, and annuls all beneficiaries heretofore named or filed with the Secretary/Treasurer of the Sheriffs' Retirement Fund of Georgia and the undersigned specifically authorizes payment of death benefits to the above named beneficiary(ies) to the exclusion of all other beneficiaries, provided that the undersigned member sheriff does leave surviving at the time of death, a surviving spouse.

It is understood that this designation of beneficiaries shall be effective from and after the time the same has been received and filed with the Secretary/Treasurer of the Sheriffs' Retirement Fund of Georgia

It is understood that any member sheriff may change the beneficiary(ies) for death benefits, at any time desired prior to death of the member sheriff by written request thereof, filed with the Secretary/Treasurer of the Sheriffs' Retirement Fund of Georgia and the designation of the beneficiary(ies) last filed by the member sheriff shall be the beneficiary(ies) entitled to receive the death benefits of such member sheriff.

The undersigned member sheriff is at this time married to: (Give name and Social Security Number) _____.

Sworn to and subscribed before this
_____ day of _____, _____.

Witness: _____
Notary Public

Sheriff, _____ County