

Change or Designation of Beneficiaries

Designation not effective until received by GJRS.

1

Last Name _____ First _____ MI _____ Maiden _____

Street Address _____

City _____ State _____ Zip _____

Department (if retired, list dept. from which you retired) _____

Date of Birth (mo., day, yr.) _____ Social Security # _____

FOR GJRS USE ONLY

EMPLID NUMBER _____

INSTRUCTIONS: Complete **ALL** shaded sections 1 - 6 **in their entirety**. Type or print.
SEND ORIGINAL TO GJRS. Keep a copy for your records.

2 For Retirement Benefits or Refund of Contributions
Primary Beneficiary
For multiple beneficiaries sharing benefits, list all as Primary on a separate sheet and attach to this form.

Last Name _____ First _____ MI _____ Maiden _____

Street Address _____

City _____ State _____ Zip _____

Relationship _____ Date of Birth (mo., day, yr.) _____

3 For Group Term Life Insurance
Primary Beneficiary
For multiple beneficiaries sharing benefits, list all as Primary on a separate sheet and attach to this form.

Last Name _____ First _____ MI _____ Maiden _____

Street Address _____

City _____ State _____ Zip _____

Relationship _____ Date of Birth (mo., day, yr.) _____

4 **Contingent Beneficiary**
Used only if Primary Beneficiary is deceased.

Last Name _____ First _____ MI _____ Maiden _____

Street Address _____

City _____ State _____ Zip _____

Relationship _____ Date of Birth (mo., day, yr.) _____

5 **Contingent Beneficiary**
Used only if Primary Beneficiary is deceased.

Last Name _____ First _____ MI _____ Maiden _____

Street Address _____

City _____ State _____ Zip _____

Relationship _____ Date of Birth (mo., day, yr.) _____

6 I designate the above for any benefits due after my death.

Signature _____ Date _____



Georgia Judicial Retirement System

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