

**MONROE COUNTY EMPLOYEES RETIREMENT SYSTEM**  
**Change of Nomination of Beneficiary**

To: The Board of Trustees:

I, \_\_\_\_\_ being a member of the Monroe County Employees Retirement System, do hereby revoke and cancel my previous nomination of beneficiary and direct the Board of Trustees of the Monroe County Employees Retirement System to pay the accumulated contributions standing to my credit in the event of my death before retirement to \_\_\_\_\_, *if living*, whose relationship to me is \_\_\_\_\_, whose address is \_\_\_\_\_, *otherwise*, to \_\_\_\_\_, whose relationship to me is \_\_\_\_\_ whose address is \_\_\_\_\_

Dated at **COUNTY OF MONROE**, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature of Member \_\_\_\_\_

Signature of Witness \_\_\_\_\_