

**RETIREE**  
**CHANGE OF BENEFICIARY FORM**



**Brockton Retirement Board**  
**1322 Belmont St., Suite 101**  
**Brockton, MA 02301**  
**508-580-7847**

To the Brockton Retirement Board:

I, \_\_\_\_\_, Last four SSN# XX-XX-\_\_\_\_\_ request that the Brockton Retirement Board have on file my beneficiary as listed below.

**COMPLETE NAME AND ADDRESS OF BENEFICIARY                      RELATIONSHIP TO YOU                      PERCENTAGE TO BE PAID %**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Member's Signature \_\_\_\_\_

Witness's Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**A CHANGE OF BENEFICIARY FORM WITH CORRECTIONS OR ERASURES WILL NOT BE  
ACCEPTED**