



City of Newport News  
 Employees' Retirement and Benefits Office  
 2400 Washington Avenue  
 Newport News, VA 23607

**NNERF Contribution  
 Beneficiary Designation  
 Form**

Employee Name:	
Employees Date of Birth:	
SSN or EIN:	
Address:	
Contact Phone Numbers	

**I revoke any previous designations and elect payment of NNERF retirement contributions to the beneficiaries designated below.**

Full Name (Person or Estate) (First, Middle Initial, Last)		SSN or Tax ID	
Address (Street, City, State & Zip)			
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date
Full Name (Person or Estate) (First, Middle Initial, Last)		SSN or Tax ID	
Address (Street, City, State & Zip)			
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date
Full Name (Person or Estate) (First, Middle Initial, Last)		SSN or Tax ID	
Address (Street, City, State & Zip)			
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date
Full Name (Person or Estate) (First, Middle Initial, Last)		SSN or Tax ID	
Address (Street, City, State & Zip)			
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date

By signing this document below, I affirm that all the above information is updated and accurate and this currently reflects my intent for disbursement of funds benefits to the listed beneficiaries.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date