INSTRUCTIONS:

SECTION 1: MEMBER INFORMATION

SECTION 2: PRIMARY BENEFICIARY INFORMATION

ADDITIONAL BENEFICIARIES: 

DISTRIBUTION OF BENEFITS: 

WHO CAN BE NAMED AS A BENEFICIARY?

SECTION 3: ALTERNATE BENEFICIARY INFORMATION

SECTION 4: SIGNATURE AND NOTARIZATION

REMOTE NOTARIZATION AVAILABLE: 

CONFIDENTIALITY:

You can also find this form on our website:

Call Member Services, 312.641.4464, if you have questions or to schedule a remote notarization session.
Designation of Beneficiary

Return forms and documents to CTPF. U.S. Mail processing may be delayed. Fax 312.641.7185 or email imaging@ctpf.org (.jpg or .pdf).

Legal Name: [ ]
Member’s Date of Birth: (MM/DD/YY)
Mailing Address: [ ]

Telephone Number: (with area code)
Email:

Marital Status: [ ] married/civil union
[ ] divorced
[ ] widowed

Spouse’s Date of Birth: (MM/DD/YY)

Spouse’s Name: [ ]

Spouse’s SSN:

SECTION 2: Primary Beneficiary/ies receive CTPF death benefits first % must add to 100

Name: 
Date of Birth: (MM/DD/YY) Relationship: % of share:
Address: [ ]
Phone Number: Email:

Name: 
Date of Birth: (MM/DD/YY) Relationship: % of share:
Address: [ ]
Phone Number: Email:

Name: 
Date of Birth: (MM/DD/YY) Relationship: % of share:
Address: [ ]
Phone Number: Email:

Name: 
Date of Birth: (MM/DD/YY) Relationship: % of share:
Address: [ ]
Phone Number: Email:

SECTION 3: Alternate Beneficiary/ies receive death benefits if no primary beneficiary survives % must add to 100

Name: 
Date of Birth: (MM/DD/YY) Relationship: % of share:
Address: [ ]
Phone Number: Email:

Name: 
Date of Birth: (MM/DD/YY) Relationship: % of share:
Address: [ ]
Phone Number: Email:

Name: 
Date of Birth: (MM/DD/YY) Relationship: % of share:
Address: [ ]
Phone Number: Email:

SECTION 4: SIGNATURE & NOTARIZATION

(State of County of ____________________     _____________________
I, ______________________________________ a Notary Public in and for the County and State set forth above,
do hereby certify that ___________________________personally known to me to be the same person whose
name is subscribed above, appeared before me this day in person and signed this document in my presence
as a free and voluntary act, for the uses and purposes set forth by law.

Given under my hand and Notary Seal, This ___ day of _____ 20 __.

My Commission Expires ____________________
Notary Public

RETURN THIS FORM TO CTPF | 425 S. FINANCIAL PLACE, SUITE 1400 | CHICAGO, IL 60605-1000 | MAKE A COPY FOR YOUR RECORDS.