



**DEPENDENT DATA:**

14. Name of Spouse: \_\_\_\_\_  
Last Name First Name M.I. Maiden Name

15. Date of Birth: \_\_\_\_\_ 16. Soc. Sec. No.: \_\_\_\_\_ 17. Date of Marriage: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

18. Unmarried Children under age 22:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month/Day/Year

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month/Day/Year

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month/Day/Year

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month/Day/Year

19. Unmarried Disabled Children:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month/Day/Year

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month/Day/Year

20. Dependent Parents: (Fill in only if parent(s) are receiving at least one-half of his or her support from you.)

(a) Father's Name: \_\_\_\_\_  
Last Name First Name M.I.

Date of Birth: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

(b) Mother's Name: \_\_\_\_\_  
Last Name First Name M.I.

Date of Birth: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

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**DESIGNATION OF BENEFICIARY FOR PAYMENT OF PENSION CONTRIBUTIONS  
IF NO SURVIVOR'S PENSION IS PAYABLE**

21. (If more than one name is listed, payment will be divided equally.)

NAME OF BENEFICIARY	SOC. SEC. #	ADDRESS	RELATIONSHIP	DATE OF BIRTH
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

22. I hereby certify that all information given is accurate and true to the best of my knowledge and belief.

Date: \_\_\_\_\_ SIGNATURE OF EMPLOYEE: \_\_\_\_\_