

 <p>CITY OF SAN JOSE CAPITAL OF SILICON VALLEY DEPARTMENT OF RETIREMENT SERVICES</p>	<p>Title</p> <p align="center">BENEFICIARY DESIGNATION ACTIVE MEMBERS</p>	<p>Document No.</p> <p align="center">Form RP-4</p>	<p>Rev.</p> <p align="center">04/25/2006</p>	<p>Page</p> <p align="center">1 of 1</p>
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This form should be returned to:

**Retirement Services
 1737 N. First Street, Suite 580
 San Jose, CA 95112**

Name: _____

Social Security Number: _____

Employee ID Number: _____

E-Mail Address: _____

- Federated City Employees' Retirement System
- Police and Fire Department Retirement Plan

Name	Social Security Number	Date of Birth	Relationship	Primary	Contingent
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

PLEASE NOTE: This beneficiary designation supersedes all previous beneficiary designations. Primary beneficiaries share equally. Secondary beneficiaries are paid only if no primary beneficiaries are living. Secondary beneficiaries share equally.

Member's Signature: _____ Date: _____

Spouse/Domestic Partner Signature: _____ Date: _____

Witness Signature: _____ Date: _____