INSTRUCTIONS

General: This form is to be used to nominate the person or persons to receive any benefit payable from the Pennsylvania Municipal Retirement Fund upon your death. Please refer to the back of this form for detailed instructions.

SECTION A – DESIGNATION OF PRINCIPAL BENEFICIARY(IES)

In the event of my death, the full amount shall be paid as designated below. Check ONE block and list name(s), including first or given name. (See instructions.)

1. Pay to one person, Estate or Trustee. (If Estate, give Executor’s name and address)

2. Pay to more than one person in equal shares with rights to survivor(s).

3. Pay to more than one person absolutely (see instructions).

4. Distribute in designated percentages as shown in “Percent” column.

<table>
<thead>
<tr>
<th>Percent</th>
<th>Name</th>
<th>Social Security No.</th>
<th>Date of Birth</th>
<th>Sex</th>
<th>Address (Street, City, State)</th>
<th>Zip Code</th>
<th>Relationship to Member</th>
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SECTION B – DESIGNATION OF CONTINGENT (Second) BENEFICIARY(IES)

In the event of the death of the Principal Beneficiary(ies), the full amount shall be paid as designated below. Check ONE block and list name(s), including first or given name. (See instructions.)

1. Pay to one person, Estate or Trustee. (If Estate, give Executor’s name and address)

2. Pay to more than one person in equal shares with rights to survivor(s).

3. Distribute in designated percentages as shown in “Percent” column.

4. Pay to contingent beneficiaries in preferential order. Show 1st contingent, 2nd contingent, etc., in “Order” column.

<table>
<thead>
<tr>
<th>Order</th>
<th>Percent</th>
<th>Name</th>
<th>Social Security No.</th>
<th>Date of Birth</th>
<th>Sex</th>
<th>Address (Street, City, State)</th>
<th>Zip Code</th>
<th>Relationship to Member</th>
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SECTION C – DESIGNATION OF A GUARDIAN

(To be listed if any beneficiary named above is under 18 years of age. A guardian may not be named for a contingent beneficiary if he is also named as a principal beneficiary.)

<table>
<thead>
<tr>
<th>Name of Guardian</th>
<th>Address</th>
<th>Name of Minor Beneficiary</th>
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SECTION D – CERTIFICATION OF PERSONAL DATA

EMPLOYEE SIGNATURE DATE (MONTH, DAY, YEAR) MUNICIPALITY

EMPLOYEE NAME AND ADDRESS (STREET, CITY, STATE, ZIP CODE) SOCIAL SECURITY NO. MUNICIPAL CODE NO.

FORMER NAME (Only if used by you in this System)

1. WITNESS SIGNATURE 2. WITNESS SIGNATURE

ADDRESS (STREET, CITY, STATE) ZIP CODE ADDRESS (STREET, CITY, STATE) ZIP CODE
INSTRUCTIONS

General: This form is to be used to nominate the person or persons to receive any benefit payable from the Pennsylvania Municipal Retirement Fund upon your death. Send all copies of the completed form to the Pennsylvania Municipal Retirement System. The original copy will be retained by PMRS with a copy to you for your records and one to your employer. If you wish to change your beneficiary at a later date, complete a new “Nomination of Beneficiaries” form. The form with the most recent date will be the only one used for settling the account. Earlier ones shall be considered void. COMPLETE ALL APPROPRIATE SECTIONS.

This is a legal document and may not be altered or contain erasures. PRINT IN INK OR TYPE ALL ENTRIES.

SECTION A – PRINCIPAL BENEFICIARY(IES)

This section MUST BE COMPLETED IN ALL CASES. Check one of the blocks at the top of the section and complete the information in the spaces provided. In the section titled “Relationship to Member,” please indicate whether this is a Spouse (S), Child (C), Parent (P), or Other (O).

1. If you name only one person or your “Estate” or “Trust” to receive the entire amount, check the first block. When the “Estate” is to receive benefits, indicate “Estate” in the name block of Section A and identify the person or institution acting as “Executor” in the address portion of the same line. When the “Trust” is to receive benefits, indicate “Trust” in the name block of Section A and identify the person or institution acting as “Trustee” in the address portion of the same line.

2. If you name more than one person, all to share equally with rights to survivors, check Block 2. This means if one of the named beneficiaries predeceases you, the remaining beneficiary(ies) will share equally.

3. If you name more than one person, all to share equally and absolutely, check Block 3. This means that if any of the named beneficiaries predeceases you, the amount they would have received will go to their Estate.

4. If you name two or more persons to share in designated percentages, check Block 4 and list each beneficiary with the specified percentages in the left column. If any designated beneficiary predeceases you, their share will be divided among those remaining according to the ratio of the percentages you indicated.

SECTION B – CONTINGENT (Second) BENEFICIARY(IES)

This section MUST BE COMPLETED IN ALL CASES. Check one of the blocks at the top of the section and complete the information in the spaces provided.

SECTION C – GUARDIAN

This section must be completed if any of the named beneficiaries (either Principal(s) or Contingent(s)) is a minor under 18 years of age. Give the complete name and address of each guardian for each minor beneficiary. A guardian may not be named for a contingent beneficiary if he is also named as a principal beneficiary. The guardianship will automatically become void if the beneficiary reaches age 18 before receiving any benefit even though he or she is under 18 when this form is filed.

SECTION D – CERTIFICATION/PERSOAL DATA

All items in this section MUST BE COMPLETED. Sign the form in the space provided. Two witnesses are required. A named beneficiary may not be a witness. The witnesses must include their complete addresses.

THIS FORM WILL NOT BE VALID UNTIL RECEIVED, ACKNOWLEDGED, AND FILED IN PROPER FORM.