

**ACTIVE BENEFICIARY VERIFICATION FORM**

**Instructions:** Please complete this form and return to the Beneficiary Services Section at the address shown above.

**MEMBER INFORMATION:**

Name: \_\_\_\_\_ SS #: \_\_\_\_\_

Pension Membership #: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**BENEFICIARY INFORMATION:**

Name: \_\_\_\_\_ Your Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Daytime  
Phone Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Relationship to member (check one):  
\_\_\_\_\_ Spouse or Civil Union Partner  
\_\_\_\_\_ Former Spouse or Civil Union Partner  
\_\_\_\_\_ Other

**Was member ever Divorced**  Yes  No  
**(If Yes you must submit copies of the Divorce Decree(s) with Property Settlement(s) and/or QDRO)**

**Certification Instructions**

You must cross out item 2 below if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

**Tax Identification Number/Form W9 Certification**

Under penalties of perjury, I certify that (1) the number provided below is my correct social security number or taxpayer identification number, and (2) that I am not subject to backup withholding because (a) I have not been notified that I am subject to backup withholding as a result of a failure to report interest or dividends, or (b) the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

**By signing below, you are validating the above information is accurate and that you have read and acknowledge receipt of disclosures regarding your settlement options, as well as the fraud warnings included as part of this for (see reverse side for fraud warning information).**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Your Social Security Number or  
Taxpayer Identification Number

\_\_\_\_\_  
Date

**CALIFORNIA RESIDENTS** – For your protection, California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**DISTRICT OF COLUMBIA RESIDENTS** – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FLORIDA RESIDENTS** – Any person knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

**KENTUCKY RESIDENTS** – Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**NEW JERSEY RESIDENTS** – Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NEW YORK RESIDENTS** – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**PENNSYLVANIA AND UTAH RESIDENTS** – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**VERMONT RESIDENTS** – Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

**VIRGINIA RESIDENTS** – Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing a statement of claim for payment of a loss or benefit may have violated state law, is guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

**WASHINGTON RESIDENTS** – Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company commits a crime. Penalties include imprisonment, fines, and denial of insurance benefits.

**For residents of all states except California, the District of Columbia, Florida, Kentucky, New Jersey, New York, Pennsylvania, Utah, Vermont, Virginia and Washington;**

**WARNING:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.