

City of Dover
Pension Beneficiary Assignment Card

Employee _____ Emp No. _____

Hire Date _____ Dept. No. _____

I hereby assign the following person/s as the beneficiary/ies of my pension account with the City of Dover.

Name	/Relationship/	/Address
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Name	/Relationship/	/Address
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Contingent Beneficiary	/Relationship/	/Address
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Signature

Date