

**Cooperative Extension Service
Employees' Protective Association**

Designation of Beneficiary

Member's Name: _____

I name as beneficiary to receive distributions resulting from my membership in the above-named Association.

Name of Beneficiary: _____

Relationship: _____

Mailing Address (if different from yours): _____

Phone Number: _____

Email: _____

Signature of Member

Date

Signature of Witness

Date

NOTE: Please return this form along with a check in the amount of \$25.00 to:

CES Employees' Protective Association
Attn: Kim Magee, Secretary-Treasurer
2301 S. University Ave.
Little Rock, AR 72204