



**ENROLLMENT AND BENEFICIARY DESIGNATION FORM  
FOR THE GENERAL EMPLOYEES OF THE  
CITY OF WILLISTON**

I, \_\_\_\_\_ do hereby request to participate in the Retirement Plan for the General Employees of the City of Williston and that the provisions of the Plan have been provided to me and that I agree to all provisions of the Plan.

**Name of Participant:** \_\_\_\_\_ **Social Security #:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Date of Employment:** \_\_\_\_\_

**General Employee**

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

**Work Phone** (\_\_\_\_) \_\_\_\_\_ **Home Phone** (\_\_\_\_) \_\_\_\_\_

**Other Phone** (\_\_\_\_) \_\_\_\_\_ **E-Mail Address** \_\_\_\_\_

In the event of my death prior to termination of employment, I hereby designate the following Beneficiary(s) to receive my death benefit from the Plan.

**Primary Beneficiary:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Contingent Beneficiary (ies)** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Benefit Percentage** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Contingent Beneficiary (ies)** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Benefit Percentage** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Contingent Beneficiary (ies)** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Benefit Percentage** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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

*(Beneficiaries under legal age will be granted their appropriate distribution in accordance with this form unless a specific Custodial Trust was established prior to the death of the participant, or an estate settlement changes the designation. It is the responsibility of the beneficiary to notify the Trustee (Participant's Employer) of any existing custodial or other arrangement.)*

The right to revoke this designation by the Participant is reserved by signing and filing with the Board a new designation-of-beneficiary form. The consent of a participant's beneficiary to any change of beneficiary shall not be required.

\_\_\_\_\_  
(Date Signed)                      (Signature of Participant)                      (Date Witnessed)                      (Signature of Witness:  
Plan Official or Notary Public)