CITY OF ROSEVILLE EMPLOYEES' RETIREMENT SYSTEM

CHANGE OF NOMINATION OF BENEFICIARY

I, _____, hereby revoke and cancel my previous nomination of beneficiary and direct the Board of Trustees of the City of Roseville Employees' Retirement System, in the event of my death before becoming eligible for pension benefits provided by the Retirement System, to pay the amount of accumulated contributions standing to my credit in the Annuity Savings Fund to:

Name of Primary Beneficiary	Social Security Number
Relationship	Date of Birth
Address, City, State & Zip	Phone Number

If living, otherwise pay to:

Name of Contingent Beneficiary	Social Security Number
Relationship	Date of Birth
Address, City, State & Zip	Phone Number

Signature of Employee	Date
Signature of Witness	Date