

CITY OF TORRANCE

TO: Human Resources Department

SUBJECT: DESIGNATION OF BENEFICIARY TO RECEIVE RETIREMENT HEALTH SAVINGS PLAN (RHSP)
FUNDS

As provided by Resolution 2007-51, I may designate a person, notwithstanding any other provision of law, to receive upon my death all funds within my ICMA-RC Retirement Health Savings Plan (RHSP) if at the time of my death I do not have a spouse or dependent(s) that meet the requirements to utilize the funds through ICMA-RC.

The person so designated shall claim such warrants or checks only upon providing sufficient proof of identity and is entitled to negotiate them as if he/she were the payee.

I HEREBY DESIGNATE:

Full Name and Relationship (Please type or print)

Street Address

City, State, Zip Code, and Telephone Number

as the person entitled to receive, upon my death, all funds from my ICMA-RC Retirement Health Savings Plan (RHSP) upon providing sufficient proof of his/her identity to the City.

Employee Print Name

Employee Signature

Date