



**COMMANDER, NAVY INSTALLATIONS COMMAND
NON-APPROPRIATED FUND RETIREMENT PLAN
CHANGE OF BENEFICIARY**

-Complete by Employee-

Employee Name: _____
(Last)
(First)
(MI)

Date of Birth: ____/____/____ Marital Status: ☐ Single ☐ Married
(MM) (DD) (YYYY)

I have elected to make a change to my designated beneficiary. All other selection prior to the completion of this Change of Beneficiary form will not be valid.

(Please note, if you are married and your spouse is not listed as the sole primary beneficiary, then Spousal Consent must be obtained)

Name (Full Name)	Percent	SSN	Birth Date (MM/DD/YYYY)
_____	____ %	____ - ____ - ____	____/____/____
_____	____ %	____ - ____ - ____	____/____/____
_____	____ %	____ - ____ - ____	____/____/____
	100 %		

Spousal Consent – I, _____, hereby acknowledge and consent to my spouse's election not to designate me as the sole primary beneficiary to the retirement plan. I understand by signing this consent, I will not receive a continuing payment from the retirement plan as a result of my spouse's death.

(Spouse's Signature)

(Date)

(Notary Signature)

(Date)

(Date Commission Expires)

By signing this Beneficiary Designation form, I indicate that I have read and fully understand the terms and conditions of my selection.

(Employee Signature)

(Date)

(Local NAF HR Representative Signature)

(Date)