

RETIREMENT – CERTIFIED SALARY PERSONNEL

Retirement Program Beneficiary Designation

I, _____, hereby designate _____ as my beneficiary to receive, upon my death, the benefits to which I am entitled to pursuant to the East Buchanan Community School District's Retirement Program.

Signature

Date

STATE OF IOWA)
)
BUCHANAN COUNTY) ss:

On this _____ day of _____ 20____, before me, the undersigned, a Notary Public for the State of Iowa, personally appeared _____, to me personally known to be the identical person named in and who executed the foregoing instrument and acknowledged that they executed the same as their voluntary act and deed.

NOTARY PUBLIC, STATE OF IOWA