

# SURVIVOR FORM

**PLEASE PRINT**

Member Name: \_\_\_\_\_  
Last First Middle Dept. Office or Agency

\_\_\_\_\_  
Date of Birth Employee # / SS# Phone #

**To the Retirement Board of Allegheny County:**

Under section 1712 as amended: I make the following Option in the event of my death to:

\_\_\_\_\_  
Name of Surviving Spouse Date of Birth Spouse SS #

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Member Signature Date

Revised October 2009