



**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 <i>(Full Name)</i>	Percent	SSN	Birth Date <i>(MM/DD/YYYY)</i>
_____	____ %	____ - ____ - ____	____ / ____ / ____
_____	____ %	____ - ____ - ____	____ / ____ / ____
_____	____ %	____ - ____ - ____	____ / ____ / ____
	<b>100 %</b>		

**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)*