

**County of Ventura
Safe Harbor Retirement Plan**

BENEFICIARY INFORMATION REQUEST

Name: _____

Social Security Number: _____

Date of Birth: _____

Phone: _____

Home Address: _____

Decedent's Name: _____

Signature: _____ Date: _____

Please return the completed form along with a copy of the death certificate to:

County of Ventura
Human Resources - Safe Harbor Retirement Plan
800 South Victoria Avenue #1970
Ventura, CA 93009 - 1970

F:\cao\HR\BENEFITS\SRP\Deceased Participants\Beneficiary Information Request 0309 doc.doc

**County of Ventura
Human Resources Division, Safe Harbor Retirement Plan
800 South Victoria Avenue
Ventura, CA 93009-1370**