

Beneficiary Selection Form (If Member Dies Before Retirement)

Form Last Revised: October, 2001

Retirement

Board: Please place your address and phone number here. ▶

Choice of Beneficiary to Receive a Return of Accumulated Total Deductions at Member's Death

I, (Print Name) , a member of the Retirement System hereby request the Board of Retirement to pay any sum referred to in G.L. c. 32, § 11(2)* due at my death to the following beneficiary or beneficiaries in the proportions designated.

My selection may be superseded by a selection under G.L. c. 32, § 12(2)(d) if I die leaving an eligible spouse who elects to receive a monthly benefit.

I understand that I may change my beneficiary designation at any time prior to my retirement and that upon my retirement, this form becomes void.

*The types of payments covered under G.L. c. 32, § 11(2) include:

- The payment of the accumulated deductions credited to a member's account in the annuity savings fund at the date of death when the member's death occurs prior to his/her retirement.
- The amount of any uncashed checks payable to a member at his or her death.
- Any person or entity may be a beneficiary under G.L. c. 32, § 11(2). Give complete name and address of each beneficiary below:

		Proportion To Be Paid
Name	<input type="text"/> SSN <input type="text"/>	<input type="text"/>
Address	<input type="text"/>	
Name	<input type="text"/> SSN <input type="text"/>	<input type="text"/>
Address	<input type="text"/>	
Name	<input type="text"/> SSN <input type="text"/>	<input type="text"/>
Address	<input type="text"/>	
Name	<input type="text"/> SSN <input type="text"/>	<input type="text"/>
Address	<input type="text"/>	

Member's Signature _____ Date _____

Member's Address



Member's Last Name

First

M.I.

Social Security #

To Be Completed by Witness of Choice of Beneficiary of Accumulated Total Deductions.

Signature of Witness _____ Date _____

Name of Witness (Print) _____

Choice of Option (D) Beneficiary

I, (Print Name) _____, a member of the _____ Retirement System, hereby nominate the beneficiary * listed below, under the provisions of G.L. c. 32, § 12(2)(d) to receive from the retirement system a benefit equal to the Option (C) retirement allowance which would otherwise have been payable to me in the event that I die before being retired.

I understand that I may change my beneficiary designation at any time prior to my retirement and that upon my retirement this form becomes void.

I understand that this choice of Option D Beneficiary can be superceded if, at my death, I leave a spouse to whom I have been married for over one year and with whom I am living on the date of my death, or if living apart, for justifiable cause as determined by the Retirement Board.

Beneficiary

Name of Eligible Beneficiary

Beneficiary's Relationship to Member

Beneficiary's Date of Birth (Attach birth record)

Beneficiary's Social Security #

Member

Member's Signature _____ Date _____

Member's Street Address

Member's Social Security #

City/Town

State

Zip

To Be Completed by Witness of Choice of Option D Beneficiary

Witness' Signature _____ Date _____

Witness' Name (Print) _____

* An eligible beneficiary is defined under G.L. c. 32, § 12(2)(d) as the spouse, former spouse who has not remarried, child, father, mother, sister or brother of the member.

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