



# ESSEX REGIONAL RETIREMENT SYSTEM

491 Maple Street, Building 200, Suite 202, Danvers MA 01923

Telephone: 978-739-9151 www.essexregional.com

# Beneficiary Selection Form

For Active Members

Revised April 30, 2015

## Choice of Beneficiary or Beneficiaries to Receive Accumulated Total Pension Deductions in the Event Member Dies Before Reaching Retirement

I, (Print Name) \_\_\_\_\_, a member of the Essex Regional 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 primary beneficiary or beneficiaries in the proportion designated or to the alternate contingent beneficiary or beneficiaries in the event primary beneficiaries are likewise deceased:

Any person or entity may be a beneficiary - please provide complete beneficiary information requested			
Name:	Designation:	Proportion:	Date of Birth:
Street:	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____%	SSN:
Name:	Designation:	Proportion:	Date of Birth:
Street:	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____%	SSN:
Name:	Designation:	Proportion:	Date of Birth:
Street:	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____%	SSN:
<input type="checkbox"/> Check here if additional beneficiaries are listed on the back of this form			

My selection may be superseded by a selection under G.L. c. 32, § 12(2)(d) if I die leaving an eligible spouse who elects to receive a monthly benefit.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

**Please sign below:**

**Signature required by the Member and a 3<sup>rd</sup> party Witness who is not listed as a beneficiary.**

Member Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

Member Address: \_\_\_\_\_ Member's SSN: \_\_\_\_\_

Witness Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

Witness Printed Name/Address: \_\_\_\_\_

**A beneficiary form with corrections or erasures will not be accepted**

Additional Beneficiary Information			
Name:	Designation:	Proportion:	Date of Birth:
Street:	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____%	SSN:
Name:	Designation:	Proportion:	Date of Birth:
Street:	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____%	SSN:
Name:	Designation:	Proportion:	Date of Birth:
Street:	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____%	SSN:

**General Information regarding the selection of beneficiaries:**

The Beneficiary Selection Forms allow a member to select an eligible beneficiary to receive an allowance or to select one or more beneficiaries to receive payment of accumulated deductions and other payments due to a member in the event the member dies before retirement. Keep in mind:

- **There are two types of benefits that can be paid to your beneficiaries:**
  1. Lump sum return of total accumulated deductions under the provisions of G.L. c. 32, § 11(2) – **Please use this form**
  2. Monthly payment of a pension benefit, referred to as “Option D” – **Please attach Choice of Option D Beneficiary Form**
- Only certain relatives qualify as an eligible beneficiary for benefits under the provisions of G.L. c. 32, § 12(2)(d), but any person or entity can be selected as a beneficiary(ies) for a lump sum return of your accumulated total deductions.
- Your selection on this form may be superseded by an eligible spouse under the provision of G.L. c. 32, § 12(2)(d) if you die before retirement.
- You may complete either this **Beneficiary Selection Form** or the **Choice of Option D Beneficiary Form** or both. If both forms are completed the provisions of G.L. c. 32, § 12(2)(d) “**Option D**” will supersede the provisions of G.L. c. 32, § 11(2) and this **Beneficiary Selection Form**.
- Both forms become void upon your retirement.
- The right to change any beneficiary is reserved. If you divorce or your personal situation changes, you may wish to file a new form with the Essex Regional Retirement System.
- **Forms with corrections or erasures will not be accepted. Forms without required signatures will not be accepted.**
- **Persons designated as a beneficiary cannot be a witness to your signature.**



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**Choice of Option (D)  
Beneficiary Form**

Revised April 30, 2015

I, (Print Name) \_\_\_\_\_, a member of the Essex Regional Retirement System, hereby nominate the beneficiary\* listed below, under the provision of G.L. c. 32, § 12(2)(d) to receive from the Essex Regional 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 superseded 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 Essex Regional Retirement Board.

**Beneficiary**

Name of Eligible Beneficiary: \_\_\_\_\_

Beneficiary's Relationship to Member: \_\_\_\_\_  
*(If Spouse, Attach Copy of Marriage Certificate)*

Beneficiary's Date of Birth: \_\_\_\_\_  
*(Attach Copy of Birth Record)*

Beneficiary's Social Security Number: \_\_\_\_\_

**Please sign below:**

***Signature required by the Member and a 3<sup>rd</sup> party Witness who is not listed as a beneficiary.***

Member Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

Member Address: \_\_\_\_\_ Member's SSN: \_\_\_\_\_

Witness Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

Witness Printed Name/Address: \_\_\_\_\_

**\* An eligible Option (D) 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.**

**A beneficiary form with corrections or erasures will not be accepted**