

# Introduction

## Beneficiary Selection Form (If Member Dies Before Retirement)

Form Last Revised: February 2003

The Beneficiary Selection Form allows a member to select an eligible beneficiary to receive an allowance if the member dies before retirement and to select a beneficiary(ies) to receive payment of accumulated deductions and other payments due to a member if the member dies before retirement. Keep in mind that:

### There are two types of beneficiary(ies).

G.L. c.32, s. 11(2)                      Return of your total accumulated deductions, lump sum.

G.L. c.32, s. 12(2)(d)                Leaves a pension, referred to as Option "D"

- Only certain of your relatives qualify as an eligible beneficiary for benefits under G.L. c.32, s. 12(2)(d), but any person or entity can be selected as a beneficiary(ies) for a return of your accumulated total deductions.
- Your selection on this form may be superceded by an eligible spouse under the provisions of G.L. c.32, s 12(2)(d) if you die before retirement.
- You may complete either G.L. c.32, s. 11(2), G.L. c.32, s. 12(2)(d) or both. If both sections are completed G.L. c.32, s. 11(2)(d) ("Option D") may supercede G.L. c.32, s. 11(2) in certain circumstances.
- This form becomes void upon your retirement.
- If you divorce or your personal situation changes, you may wish to file a new form with the Essex Regional Retirement Board.
- The Beneficiary Selection Form can not contain any cross-offs or white out.
- The Beneficiary Selection Form must be witnessed.

# Essex Regional Retirement Board Beneficiary Selection Form

491 Maple Street, Building 200, Suite 202  
Danvers, MA 01923-4025  
Phone (978) 739-9151 Fax (978) 750-0745

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

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, s. 11(2) \* due at my death to the following beneficiary or beneficiaries in the proportions designated.

My selection may be superceded by a selection under G.L. c. 32, s. 12(2)(d) if I die leaving and eligible spouse who elects to receive a monthly benefit.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 retirement, this form becomes void.

\*The types of payments covered by G.L. c. 32, s. 11(2) include:

The payment of accumulated deductions credited to a member's account in the annuity savings fund at the date of death when the member death occurs prior to his/her retirement.

**Any person or entity may be a beneficiary under G.L. c. 32, s. 11(2). Give complete name address and social security number of each beneficiary below:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Proportion To Be Paid: \_\_\_\_\_ %

Address: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Proportion To Be Paid: \_\_\_\_\_ %

Address: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Proportion To Be Paid: \_\_\_\_\_ %

Address: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Proportion To Be Paid: \_\_\_\_\_ %

Address: \_\_\_\_\_

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member's Social Security Number: \_\_\_\_\_ Member's Date of Birth: \_\_\_\_\_

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

### To Be Completed By Witness of Choice of Beneficiary of Accumulated Deductions. (Required.)

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Witness (Print): \_\_\_\_\_

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

**See Other Side**

## Choice of Option (D) Beneficiary

I, (Print Name) \_\_\_\_\_, a member of the Essex Regional Retirement System hereby nominate the beneficiary\* listed below, under the provisions of G.L. c. 32, s. 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 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 with on the date of my death, or if living apart, for a 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 Number: \_\_\_\_\_

### Member

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member's Social Security Number: \_\_\_\_\_ Member's Date of Birth: \_\_\_\_\_

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

### To Be Completed By Witness of Choice of Option (D) Beneficiary. (Required.)

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Witness (Print): \_\_\_\_\_

\* An eligible Option (D) beneficiary is defined under G.L. c.32, s. 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.**