



Defined Benefit Beneficiary Change Request Form

Please print • See attached guide for details • Retain a copy for your records

For employer use only – Return completed copy of form to MERS

Name of employer*	Municipality number (4 digits)*	Date of hire/rehire (mm/dd/yyyy)
		<input type="checkbox"/> Rehire?

1. Information about you

Last name*	First name*	MI	Last four digits of SSN*
Email address		Phone	

Marital status* Single Married Check here if you have children under age 21:

Are you changing beneficiaries as a result of divorce or death? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," include with this form a complete copy of the judgment of divorce and any Eligible Domestic Relations Order (EDRO) entered by the court, or death certificate. Former beneficiary's (or spouse's) full name
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2. Survivor beneficiary

You may name **one survivor beneficiary** who has insurable interest in your life to receive a lifetime monthly benefit if you die before retiring and are vested. If married, *your spouse is automatically your survivor beneficiary*. If you wish to name someone other than your spouse, your spouse must sign in the "Spousal consent of forfeiture" box below to waive their rights (witness signature required). Individuals that have an automatic insurable interest in your life include: spouse, child, parent, grandchildren, grandparent, or sibling. To name someone other than the aforementioned individuals, you must submit an *Affidavit Affirming Insurable Interest* (form F-46).

Minor children

When you are vested, if you die before retiring, *and* do not have a remaining survivor beneficiary, a monthly benefit will be equally distributed to each surviving child who is unmarried and younger than 21 years of age.

Full name (spouse, if applicable)	Gender	Relationship	SSN	Date of birth (mm/dd/yyyy)

For additional information about who can be named survivor beneficiary, see the Guide, page 3.

Spousal consent of forfeiture (if applicable):

I have read this form and fully understand and agree with my spouse's election. If another individual is named beneficiary in Section 2, I understand that I am relinquishing ("giving up") my automatic right as the member's spouse, to survivor benefits.

Signature of spouse	Spouse full name (please print clearly)	Date (mm/dd/yyyy)
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Witness signature (required if someone other than spouse is named as survivor beneficiary):

A witness must be present to verify spouse signing, be at least 18, and not have a financial interest in the form (such as a beneficiary.)

Witness signature	Witness name (please print clearly)	Date (mm/dd/yyyy)
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* Required field

Defined Benefit Beneficiary Change Request Form

3. Refund beneficiary

If you die before vesting, there is no monthly benefit. However, you can name **one or more persons to receive a refund** (equally distributed) of any employee contributions that you may have made. If married, *your spouse is automatically your refund beneficiary*. Any minor children (under age 21, not married), will automatically be your refund beneficiary(ies) in the event the below named is not surviving.

If you want to name someone other than, or in addition to, your spouse, your spouse must sign the spousal consent section below.

Designate name(s) of refund beneficiary(ies) below. Name(s) listed below replace all prior designations (if any) of refund beneficiary(ies).

Full name (spouse, if applicable)	Gender	Relationship	SSN	Date of birth (mm/dd/yyyy)

If you want to add more beneficiaries, please attach a separate list that you have signed and dated.

Spousal consent of forfeiture (if applicable):

I have read this form and fully understand and agree with my spouse's election. If another individual is named as a refund beneficiary in Section 3, in place of or in addition to me, I understand that I am relinquishing ("giving up") my automatic right, as the member's spouse, to be the sole refund beneficiary.

Signature of spouse	Spouse full name (please print clearly)	Date (mm/dd/yyyy)
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Witness signature (required if someone other than spouse is named as refund beneficiary):

A witness must be present to verify spouse signing, be at least 18, and not have a financial interest in the form (such as a beneficiary.)

Witness signature	Witness name (please print clearly)	Date (mm/dd/yyyy)
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4. Successor refund beneficiary

In the event there is **no remaining refund beneficiary(ies)** at the time of your death, and no minor children (under age 21, not married), you may designate one or more person(s) as a successor refund beneficiary(ies) to receive a refund (equally distributed) of any member contributions you may have.

Designate name(s) of successor refund beneficiary(ies) below. Name(s) listed below replace all prior designations (if any) of successor refund beneficiary(ies).

Full name of successor refund beneficiary	Gender	Relationship	SSN	Date of birth (mm/dd/yyyy)

If you want to add more beneficiaries, please attach a separate list that you have signed and dated.

5. Required signature

I have completed, understand, and agree to all pages of this *Defined Benefit Beneficiary Change Request Form* and guide.

Participant signature*	Date (mm/dd/yyyy)*
Participant name (please print clearly)*	Last four digits of SSN*

Data collected on this form will be used by MERS staff for identification and documentation only.

* Required field

Step-by-Step Guide to Completing the Defined Benefit Beneficiary Change Request

This form is available for download at www.mersofmich.com.

Please print clearly. Fields with an asterisk (*) are required fields and must be completed to submit the form accurately.

1. Information about you

If you are changing your beneficiary due to divorce or death, check "Yes." If due to a divorce, include all pages of the final copy from the judgment of divorce and any Eligible Domestic Relations Order (EDRO) ordered by the court. If the payout must be split, a one-time \$350 fee will be assessed. If due to death, please include a death certificate.

2. Survivor beneficiary

If you die before retiring and are vested, you may name **one survivor beneficiary who has insurable interest in your life** to receive a lifetime monthly benefit. Individuals that have an automatic insurable interest in your life include: spouse, child, parent, grandchildren, grandparent, or sibling.

If you are married, your spouse is automatically your survivor beneficiary. If you wish to name someone other than your spouse, your spouse must sign in the "**Spousal consent of forfeiture**" box to waive their rights (witness signature required).

Insurable interest is an individual who would suffer a real economic loss as a result of your death. To name someone other than the individuals listed above, you must submit an *Affidavit Affirming Insurable Interest (F-46)*.

You must name an individual; you cannot name an estate or trust. This designation becomes effective when you become vested.

Minor children qualify if they are your legal dependent, under age 21, and are not married. If you do not have a survivor beneficiary, your benefit will be paid equally to your minor children until they reach age 21 or are legally married.

3. Refund beneficiary

If you die before vesting, there is no monthly benefit.[‡] However, you can name **one or more persons to receive a refund of any member contributions** that you may have. You may also name a trust, estate or charity. If you name multiple beneficiaries, the benefit will automatically be equally distributed. If you want to add more beneficiaries than the space allows, please attach a separate list that you have signed and dated.

If you are married, your spouse is automatically your refund beneficiary, followed by any minor children you may have at the time of death. If you wish to name someone other than your spouse or in addition to your spouse, your spouse must sign in the "**Spousal consent**

of forfeiture" box to waive their rights as the sole refund beneficiary (witness signature required).

[‡] **Note:** If your death is duty-related, a monthly benefit is payable to your surviving spouse or minor children even if you are not vested.

4. Successor refund beneficiary

If you die and there is **no remaining refund beneficiary(ies)**, and no minor children, you can name one or more persons to receive a refund of any member contributions that you may have. You may also name a trust, estate or charity. If you name multiple beneficiaries, the benefit will automatically be equally distributed. If you want to add more beneficiaries than the space allows, please attach a separate list that you have signed and dated.

5. Required signature

Your signature acknowledges that you have read and agree to the terms of this agreement. Each designation voids all prior designations of your survivor, refund, and successor refund beneficiaries.

MERS will use the information listed on this form for identification and documentation only. Your Social Security numbers are protected and will not be shared without your written consent.

Submitting this form:

- If you are an active member:

Please give completed form to your current employer to send to MERS

- If you are no longer with the employer, please mail or fax it to MERS at:

**Municipal Employees'
Retirement System of Michigan**
1134 Municipal Way
Lansing, MI 48917
Fax: 517.703.9706

Questions? Please contact us at 800.767.2308.

If you have speech or hearing difficulties and need assistance completing this form, contact the Michigan Relay Center at 800.649.3777. If you have other disabilities, contact MERS at 800.767.2308 to request special accommodations.