

Beneficiary Selection Form (If Member Dies Before Retirement)

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My selection may be superseded by a selection under G.L. c. 32 § 12(2)(d) if I die leaving an eligible spouse who elects to receive a monthly benefit.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

Name	<input type="text"/>	SSN	<input type="text"/>	Proportion To Be Paid (total must equal 100%)
DOB	<input type="text"/>	Relation to Member	<input type="text"/>	
Address	<input type="text"/>			

Name	<input type="text"/>	SSN	<input type="text"/>	
DOB	<input type="text"/>	Relation to Member	<input type="text"/>	
Address	<input type="text"/>			

Name	<input type="text"/>	SSN	<input type="text"/>	
DOB	<input type="text"/>	Relation to Member	<input type="text"/>	
Address	<input type="text"/>			

Member's Signature _____ Date _____

Member's Address

