Beneficiary Selection Form for Refund of Accumulated Deductions

Member Last Name: ______ **First Name:** ______ **SSN:** ***-**-__ __ __ __

PRIMARY LUMP-SUM BENEFICIARY(IES)

Do NOT name any one person or entity as a beficiary more than ONCE in this section.

Primary Lump-Sum Beneficiary Information:

				% of Benefit**
Full Name: (First, MI, Last):		**SSN/EIN*:**		
Relationship to You:	**Phone:**	**Date of Birth:**		
Address:				
Full Name: (First, MI, Last):		**SSN/EIN*:**		
Relationship to You:	**Phone:**	**Date of Birth:**		
Address:				
Full Name: (First, MI, Last):		**SSN/EIN*:**		
Relationship to You:	**Phone:**	**Date of Birth:**		
Address:				
Full Name: (First, MI, Last):		**SSN/EIN*:**		
Relationship to You:	**Phone:**	**Date of Birth:**		
Address:				
Full Name: (First, MI, Last):		**SSN/EIN*:**		
Relationship to You:	**Phone:**	**Date of Birth:**		
Address:				
				0%

*Beneficiary's full Social Security Number (SSN) or Employer Identification Number (EIN), if an organization.
**Total must equal 100%; if no percentages are indicated, benefit will be allocated equally among lump-sum beneficaries.

CONTINGENT LUMP-SUM BENEFICIARY(IES)

In the event that none of the named primary lump-sum beneficiary(ies) above, are alive, or, if an organization, still operating, as of your death.

Contingent Lump-Sum Beneficiary Information:

				% of Benefit**
Full Name: (First, MI, Last):		**SSN/EIN*:**		
Relationship to You:	**Phone:**	**Date of Birth:**		
Address:				
Full Name: (First, MI, Last):		**SSN/EIN*:**		
Relationship to You:	**Phone:**	**Date of Birth:**		
Address:				
Full Name: (First, MI, Last):		**SSN/EIN*:**		
Relationship to You:	**Phone:**	**Date of Birth:**		
Address:				
Full Name: (First, MI, Last):		**SSN/EIN*:**		
Relationship to You:	**Phone:**	**Date of Birth:**		
Address:				
Full Name: (First, MI, Last):		**SSN/EIN*:**		
Relationship to You:	**Phone:**	**Date of Birth:**		
Address:				
				0%

*Beneficiary's full Social Security Number (SSN) or Employer Identification Number (EIN), if an organization.
**Total must equal 100%; if no percentages are indicated, benefit will be allocated equally among lump-sum beneficaries.

Beneficiary Selection Form for Refund of Accumulated Deductions

Member Last Name: **First Name:** **SSN:** ***-**-__ __ __ __

I understand that my selection may be superseded if I die with an eligible beneficiary under Option D.

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 Massachusetts General Laws, Chapter 32, Section 11(2)(c) include:

- The one-time 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.
- Any amounts payable to a member at his or her death.

Member's Signature:

Print Name:

Signature: **Date:**

To Be Completed By Witness (should be disinterested party):

Name (Print):

Street Address:

City/Town: **State:** **Zip Code:**

Signature: **Date:**

PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION
FIVE MIDDLESEX AVENUE, SUITE 304 | SOMERVILLE, MA 02145

Introduction

Beneficiary Selection Form - Option D (If Member Dies Before Retirement)

Pursuant to Massachusetts General Laws, Chapter 32, Section 12(2)(d)

Form Last Revised: February, 2020

The *Beneficiary Selection Form - Option D* allows a member to select an eligible beneficiary to receive an allowance if the member dies before retirement. This is the Member Survivor allowance described at Massachusetts General Laws, Chapter 32, Section 12(2)(d) ("Option D").

The following needs to be kept in mind:

- This form must be filed with the retirement board.
- If you designate an eligible beneficiary on this form, and that beneficiary is living at the time of your death, the money in your annuity account will not be disbursed to anyone in a one-time, lump-sum payment, even if you have named them to receive such money on your *Beneficiary Selection Form for Refund of Accumulated Deductions*.
- You may name only one person as the Option D beneficiary. That one person may be your spouse, your former spouse who is not remarried at the time of your death, your child, your father, your mother, your sister or your brother.
- If you select a beneficiary other than the spouse to whom you are married at the time of your death, your selection on this form may be superseded by the eligible spouse under the provisions of Option D if you die before retirement.
- If your personal situation changes (e.g. divorce, a domestic relations order goes into effect, your beneficiary dies), you should file a new form with your retirement board.
- If you file a new Option D form with your retirement board, it will supersede any and all prior Option D forms previously filed by you.
- When you sign this form, it should be witnessed by a disinterested party.
- To cancel an Option D beneficiary designation prior to retirement, your written notice must be filed with the retirement board.
- This form becomes void upon your retirement.

Beneficiary Selection Form - Option D (If Member Dies Before Retirement)

Pursuant to Massachusetts General Laws, Chapter 32, Section 12(2)(d)

Form Last Revised: July, 2019

Retirement Board: Please enter your retirement board information here.

Name of Retirement Board:	NORFOLK COUNTY RETIREMENT SYSTEM		
Address:	480 NEPONSET STREET, BUILDING #15		
City/Town:	CANTON, MA	**Zip Code:**	02021
Telephone:	(781) 821-0664	**Fax:**	(781) 821-0981

Member's Information:

		***-**-____ ____ ____ ____
Member's Last Name	**Member's First Name**	**Social Security # (last four)**

Street Address:					
City/Town:		**State:**		**Zip Code:**	
Email:					
Phone:					

Choice of Option D Beneficiary

I, (Print Name) _____, a member of the NORFOLK COUNTY Retirement System, hereby nominate the beneficiary listed below, under the provisions of Massachusetts General Laws, Chapter 32, Section 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 have at least two years of creditable service and 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, doing so for justifiable cause as determined by the Retirement Board.

Beneficiary

This person is my:

☐ Parent ☐ Sibling ☐ Unmarried Former Spouse*

☐ Spouse* ☐ Child

Name of Eligible Beneficiary:					
Beneficiary's Date of Birth: *(attach birth record)*		**Beneficiary's Social Security #:**			
Beneficiary's Street Address:					
City/Town:		**State:**		**Zip Code:**	

*If beneficiary is your spouse or former spouse, a copy of your marriage certificate is required

Member's Signature:

Print Name:			
Signature:		**Date:**	

To Be Completed By Witness (should be disinterested party):

Print Name:					
Street Address:					
City/Town:		**State:**		**Zip Code:**	
Signature:		**Date:**			