



MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF MICHIGAN

BENEFICIARY CHANGE REQUEST

\*THIS FORM HAS FIVE SECTIONS - COMPLETE EACH SECTION\*
RETURN WHEN COMPLETE TO: Municipal Employees' Retirement System of Michigan
1134 Municipal Way
Lansing, MI 48917
Phone: (800) 767-2308 • Fax: (517) 703-9706

Please print or type. Signatures Must Be in Ink.

SECTION I. PERSONAL INFORMATION

Employee Name (Last, First, Middle) Social Security No. Gender Date of Birth
Street Address City, State and Zip Code Daytime Phone No.
Municipality Name Municipality No. Barg. Unit No. Dept. Date of Employment

Current Marital Status: Single Married Spouse's Full Name:
Spouse's Date of Birth (MM,DD,YY): Spouse's Social Security No.\* (full 9 digit number)
Spouse's Address (If Different): Street Address City, State and Zip Code

Are you changing beneficiaries as a result of death of a spouse? Yes No
Are you changing beneficiaries as a result of divorce? Yes No
If "Yes," include with this form a complete copy of the judgment of divorce and any (eligible) domestic relations order entered by the court.

SECTION II. AUTOMATIC BENEFITS PAID BY MERS IN CASE OF DEATH BEFORE RETIREMENT

A. Surviving Spouse. If you die before retiring and are legally married at the time of death, your spouse is automatically your refund beneficiary and survivor beneficiary, unless your spouse in writing declines to receive either benefit.
B. Surviving Children Under Age 21. If you die before retiring, do not have a surviving spouse, and have not named a survivor beneficiary under Section III(B), a retirement allowance will be paid to each of your surviving children until age 21, or until their prior marriage or death.

SECTION III. DESIGNATION OF BENEFICIARIES: CHILDREN, NONSPOUSAL AND SUCCESSOR BENEFICIARIES

A. Refund Beneficiaries. If you are married, your spouse named in Section I is automatically your refund beneficiary. Complete this part if you want to name someone other than your spouse as refund beneficiary (required spousal consent found in Section IV) or to name a successor refund beneficiary (e.g., if you are married, you may want to name a child as successor refund beneficiary). If you are not married, complete this part to name your refund and successor refund beneficiary.

I revoke and cancel any previous refund beneficiary designation. If I die before retiring, and no pension benefit is payable, I direct MERS to pay any member contributions standing to my credit to the following refund beneficiary:

|                                 |                        |   |  |                             |
|---------------------------------|------------------------|---|--|-----------------------------|
| Full Name of Refund Beneficiary | Relationship to Member | Social Security No.*<br>(full 9 digit number) | Gender<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | Date of Birth<br>(MM,DD,YY) |
| Street Address                  | City                   | State   | Zip Code   |                             |

**IF LIVING, OTHERWISE TO:**

|   |                        |   |  |                             |
|---|------------------------|---|--|-----------------------------|
| Full Name of Successor Refund Beneficiary | Relationship to Member | Social Security No.*<br>(full 9 digit number) | Gender<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | Date of Birth<br>(MM,DD,YY) |
| Street Address                            | City                   | State   | Zip Code   |                             |

**B. Survivor Beneficiary.** Section 28 of the MERS Plan Document states that an active member or vested former member may designate one survivor beneficiary to receive a lifetime monthly benefit in the event of the member or vested former member's death. If you are married, your spouse is "automatically" your survivor beneficiary, unless that right is "given up" (*See* Section IV). Your beneficiary designation becomes legally effective when you vest, and supersedes all previous beneficiary designations. The survivor beneficiary must have an insurable interest in your life at the time of naming. Examples of individuals with an "insurable interest" include immediate family members (a child, grandchild, sibling, parent, or grandparent) or persons with whom you have purchased property in joint tenancy. You may change your survivor beneficiary designation at any time prior to the date of retirement.

**If you are married, complete this part only if you and your spouse want to name someone other than your spouse as survivor beneficiary (spousal consent required under Section IV). If you are not married, use this section to name your survivor beneficiary. If the survivor beneficiary is not an immediate family member, complete and attach the Affidavit of Insurable Interest form (available at [www.mersofmich.com](http://www.mersofmich.com)).**

I revoke and cancel my previous designation of contingent survivor beneficiary. If I die, and am vested, I direct MERS to pay a retirement allowance to the following survivor beneficiary:

|                                   |                        |   |  |                             |
|-----------------------------------|------------------------|---|--|-----------------------------|
| Full Name of Survivor Beneficiary | Relationship to Member | Social Security No.*<br>(full 9 digit number) | Gender<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | Date of Birth<br>(MM,DD,YY) |
| Street Address                    | City                   | State   | Zip Code   |                             |

**SECTION IV. SPOUSAL WAIVER – MUST BE COMPLETED IF SPOUSE IS WAIVING ANY "AUTOMATIC" BENEFITS**

**By my signature, I voluntarily and knowingly forfeit ("give up") my automatic right to be my spouse's (check either or both):**

- Refund Beneficiary (Section II benefit) if no MERS benefit is otherwise payable**
- Survivor Beneficiary (Section III benefit) to receive lifetime monthly benefits in the case of death before retirement, and agree with my spouse's designation of the individual(s) named in Sections II and/or III to receive the benefit(s) instead of me.**

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

**SECTION V: MEMBER CERTIFICATION**

I DECLARE THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE.

|                     |      |                      |      |
|---------------------|------|----------------------|------|
| Signature of Member | Date | Signature of Witness | Date |
|---------------------|------|----------------------|------|

\*Protected information required for tax and actuarial purposes only.

If you have speech or hearing difficulties and need assistance completing this form, contact the Michigan Relay Center at 1-800-649-3777. If you have other disabilities, contact MERS at 1-800-767-2308 to request special accommodations.