



DESIGNATION OF BENEFICIARY

MEMBER'S INFORMATION

Name:		Last 4 Digits of SSN:
Mailing Address:		Date of Birth:
City:	State:	Zip Code:
Phone Number:	Email Address:	

IMPORTANT: Complete the entire Form. Follow specific instructions for each section. Member must sign final page.

GENERAL INFORMATION

This designation supersedes all prior designations. You must include **ALL** beneficiaries that you wish to designate. If percentages are not provided, any amounts payable will be divided equally among all beneficiaries. Primary and contingent beneficiaries must separately total 100%. The number of primary or contingent beneficiaries that you may name is not limited (attach an additional sheet if necessary). Contingent beneficiaries are eligible for payment only if all primary beneficiaries die before the member does.

ACTIVE MEMBER BENEFICIARY

Complete this section if you are a non-retired member of MERS. Do not complete this section if you are completing paperwork to retire or enter DROP and are naming your retirement beneficiary(ies).

PRIMARY BENEFICIARIES: PERCENTAGES MUST TOTAL 100%

Primary Beneficiary's Name	Relation, Trust, Estate	Birth Date	Percentage	Social Security Number

CONTINGENT BENEFICIARIES (OPTIONAL): PERCENTAGES MUST TOTAL 100%

Contingent Beneficiary's Name	Relation, Trust, Estate	Birth Date	Percentage	Social Security Number

CONTINUE ON NEXT PAGE

Name:	Last 4 Digits of SSN:
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RETIREMENT BENEFIT BENEFICIARY

This section should **only** be completed if you are submitting a Retirement, DROP or Disability Retirement Application, or if you are updating your current Maximum Option retirement beneficiary(ies).

PRIMARY BENEFICIARIES: PERCENTAGES MUST TOTAL 100%

Primary Beneficiary's Name	Relation, Trust, Estate	Birth Date	Percentage	Social Security Number

CONTINGENT BENEFICIARIES (OPTIONAL): PERCENTAGES MUST TOTAL 100%

Contingent Beneficiary's Name	Relation, Trust, Estate	Birth Date	Percentage	Social Security Number

DROP ACCOUNT BENEFICIARY

This section should **only** be completed if you are naming or updating your DROP account beneficiary(ies).

PRIMARY BENEFICIARIES: PERCENTAGES MUST TOTAL 100%

Primary Beneficiary's Name	Relation, Trust, Estate	Birth Date	Percentage	Social Security Number

CONTINGENT BENEFICIARIES (OPTIONAL): PERCENTAGES MUST TOTAL 100%

Contingent Beneficiary's Name	Relation, Trust, Estate	Birth Date	Percentage	Social Security Number

MEMBER SIGNATURE

I hereby request that my beneficiary(ies) be designated as above. I understand that the beneficiary(ies) designated on this form will receive my contributions to the retirement system, unless I have qualifying survivors (spouse, children) entitled to a monthly survivor's benefit.

Signature of Member

Date of Signature

10.2024