Introduction
Beneficiary Selection Form
(If Member Dies Before Retirement)

Form Last Revised: October, 2001

The *Beneficiary Selection Form* allows a member to select an eligible beneficiary to receive an allowance if the member dies before retirement and to select a beneficiary(ies) to receive payment of accumulated deductions and other payments due to a member if the member dies before retirement. Keep in mind:

- Only certain of your relatives qualify as an eligible beneficiary for benefits under G.L. c. 32, § 12(2)(d), but any person or entity can be selected as a beneficiary(ies) for a return of your accumulated total deductions.

- Your selection on this form may be superseded by an eligible spouse under the provisions of G.L. c. 32, § 12(2)(d) if you die before retirement.

- This form becomes void upon your retirement.

- If you divorce or your personal situation changes, you may wish to file a new form with your retirement board.

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(If Member Dies Before Retirement)

Form Last Revised: October, 2001

Retirement Board: Please place your address and phone number here. ▸	Reading Retirement Board 2 Haven Street/Unit 307 Reading, MA 01867 (781)942-9007

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My selection may be superseded by a selection under G.L. c. 32, § 12(2)(d) if I die leaving an eligible spouse who elects to receive a monthly benefit.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

			Proportion To Be Paid
Name		SSN	
Address			
Name		SSN	
Address			
Name		SSN	
Address			
Name		SSN	
Address			

Member's Signature _____ Date _____

Member's Address _____

Member's Last Name | First | M.I. | Social Security #

To Be Completed by Witness of Choice of Beneficiary of Accumulated Total Deductions.

Signature of Witness _____ Date _____

Name of Witness (Print) _____

Choice of Option (D) Beneficiary

I, (Print Name) _____, a member of the _____ Retirement System, hereby nominate the beneficiary * listed below, under the provisions of G.L. c. 32, § 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 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, for justifiable cause as determined by the Retirement Board.

Beneficiary

Name of Eligible Beneficiary | Beneficiary's Relationship to Member

Beneficiary's Date of Birth (*Attach birth record)* | Beneficiary's Social Security #

Member

Member's Signature _____ Date _____

Member's Street Address | Member's Social Security #

City/Town | State | Zip

To Be Completed by Witness of Choice of Option D Beneficiary

Witness' Signature _____ Date _____

Witness' Name (Print) _____

* An eligible beneficiary is defined under G.L. c. 32, § 12(2)(d) as the spouse, former spouse who has not remarried, child, father, mother, sister or brother of the member.

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