

# 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

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**Retirement Board:** Please enter your retirement board information here.

**Name of Retirement Board:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/Town:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

## 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 \_\_\_\_\_ 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I understand that this choice of Option D Beneficiary can be superceded if, at my death, I have at least two years of creditable service and leave a spouse to whom I have been married for over one year and with whom I am living on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:** \_\_\_\_\_ **Beneficiary's Social Security #:** \_\_\_\_\_  
*(attach birth record)*  
**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:** \_\_\_\_\_