



Municipal Employees' Retirement System of Michigan
1134 Municipal Way • Lansing, MI 48917
800.767.MERS (6377) • Fax: 517.703.9706
www.mersofmich.com

Defined Contribution Beneficiary Designation Form

Please print clearly • See attached guide for details • Retain a copy for your records

For employer use only – Return completed copy of form to MERS

Name of employer*	Municipality number (4 digits)*	Division number (6 digits)*
City of Laingsburg	7608	760801

1. Information about you

Last name*	First name*	MI	Last four digits of SSN*
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Email address

Marital status* ☐ Single ☐ Married

Are you changing beneficiaries as a result of divorce or death?

☐ Yes ☐ No

If "Yes," include with this form a complete copy of the judgment of divorce and any Eligible Domestic Relations Order (EDRO) entered by the court, or death certificate.

Former beneficiary's (or spouse's) full name

2. Primary beneficiary

If you are married, your spouse is automatically your primary beneficiary (100%) and can be entered below. If you want to name someone other than your spouse, include their information in the space provided, and your spouse must sign the spousal consent section below.

I hereby designate the following as primary beneficiary(ies) of my account under the plan if I should die prior to the payout of my account.

Name of primary beneficiary* (Spouse, if applicable)	Relationship*	SSN*	Date of birth (mm/dd/yyyy)*	Percentage*

If you want to add more beneficiaries, please attach a separate list that you have signed and dated.

Must equal 100%

Spousal consent of forfeiture (if applicable):

By my signature, I voluntarily and knowingly forfeit ("give up") my automatic right to be my spouse's primary beneficiary.

Signature of spouse	Spouse full name (please print clearly)	Date (mm/dd/yyyy)
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Witness signature (required if someone other than spouse is named as survivor beneficiary):

A witness must be present to verify spouse signing, be at least 18, and not have a financial interest in the form (such as a beneficiary.)

Witness signature	Witness name (please print clearly)	Date (mm/dd/yyyy)
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* Required field

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3. Contingent beneficiary

In the event there is no living primary beneficiary(ies) at my death, I hereby designate the following person(s) as contingent beneficiary(ies) of my account under the plan.

Name of contingent beneficiary*	Relationship*	SSN*	Date of birth (mm/dd/yyyy)*	Percentage*

If you want to add more beneficiaries, please attach a separate list that you have signed and dated.

Must equal 100%

4. Required signature

I have completed, understand, and agree to all pages of this *Defined Contribution Beneficiary Designation Form*. I hereby revoke all prior beneficiary designations (if any).

Participant signature*

Date (mm/dd/yyyy)*

Participant name (please print clearly)*

Last four digits of SSN*

* Required field

Step-by-Step Guide to Completing the Defined Contribution Beneficiary Designation Form

This form is available for download at www.mersofmich.com.

Please print clearly. Fields with an asterisk (*) are required fields and must be completed to submit the form accurately.

The Employer Verification* section should be filled out by your employer, so proceed directly to Step 1. Information about you.

1. Information about you*

This section gathers basic information about you – your legal name and Social Security number, and current marital status. If you are changing your beneficiary due to divorce or death, check the “Yes” or “No” box. If you check the “Yes” box, due to a divorce, include all pages of the final copy from the judgment of divorce and any eligible domestic relations order (EDRO/QDRO) ordered by the court. Be sure to enter your spouse’s full legal name. If you are completing this form for the first time or have made recent changes to your personal information, please be sure to complete the *Personal Information Form (MD-001)*. You can download the form at www.mersofmich.com or call 800.767.2308 to have a form mailed to you.

2. Primary beneficiary

If you are married, your spouse is always your primary beneficiary. Enter their name and information in the table and the percent of benefit to be paid.

If you wish to name someone other than your spouse (or in addition), your spouse must sign in the “*Spousal consent of forfeiture*” box to waive his or her rights. Additionally, you will need to have a third-party witness present when they sign the form who can verify that the signature on the form is your spouse’s. A witness must be over the age of 18 and not have an interest in the form (i.e., not be your spouse or listed as a beneficiary on the form).

If listing more than one person, the percentage total must equal 100%.

If you want to add more beneficiaries, please attach a separate list that you have signed and dated.

3. Contingent beneficiary

In the event there is no primary beneficiary(ies) upon your death, please designate your contingent beneficiary(ies). Please list their name, relationship to you, Social Security number, date of birth, and the percentage they are to receive. If listing more than one person, the percentage total must equal 100%.

If you want to add more beneficiaries, please attach a separate list that you have signed and dated.

4. Required signature*

Your signature acknowledges that you have read and agree to the terms of this agreement. Your signature voids all prior designations of beneficiaries.

MERS will only use the information listed on this form for identification and documentation only. Your Social Security numbers are classified information and will not be shared without your written consent.

Submitting this form:

- If you are an active member:

Please give it to your current employer

- If you are no longer with the employer, please mail or fax it to MERS at:

**Municipal Employees’
Retirement System of Michigan**

1134 Municipal Way
Lansing, MI 48917

Fax: 517.703.9706

Questions? Please contact us at 800.767.MERS (6377).

If you have speech or hearing difficulties and need assistance completing this form, contact the Michigan Relay Center at 800.649.3777. If you have other disabilities, contact MERS at 800.767.MERS (6377) to request special accommodations.