

Beneficiary Selection Form (If Member Dies Before Retirement)

PRIMARY

Form Last Revised: October, 2001

Retirement Board: Please place your address and phone number here. ▶	Cambridge Retirement System 100 CambridgePark Drive, Suite 101 Cambridge, MA 02140 Tel: 617-868-3401 Fax: 617-868-3477 Web: www.cambridgeretirementma.gov
---	---

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My selection may be superseded by a selection under G.L. c. 32, § 12(2)(d) if I die leaving an eligible spouse who elects to receive a monthly benefit.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

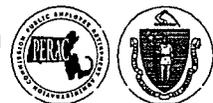
*The types of payments covered under G.L. c. 32, § 11(2) include:

- 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	<input type="text"/>	SSN <input type="text"/>	<input type="text"/>
Address	<input type="text"/>		
Name	<input type="text"/>	SSN <input type="text"/>	<input type="text"/>
Address	<input type="text"/>		
Name	<input type="text"/>	SSN <input type="text"/>	<input type="text"/>
Address	<input type="text"/>		
Name	<input type="text"/>	SSN <input type="text"/>	<input type="text"/>
Address	<input type="text"/>		

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) _____
