Introduction

Beneficiary Selection Form - Option D (If Member Dies Before Retirement)

Pursuant to Massachusetts General Laws, Chapter 32, Section 12(2)(d)

Form Last Revised: February, 2020

The Beneficiary Selection Form - Option D allows a member to select an eligible beneficiary to receive an allowance if the member dies before retirement. This is the Member Survivor allowance described at Massachusetts General Laws, Chapter 32, Section 12(2)(d) ("Option D").

The following needs to be kept in mind:

- This form must be filed with the retirement board.
- If you designate an eligible beneficiary on this form, and that beneficiary is living at the time of your death, the money in your annuity account will not be disbursed to anyone in a one-time, lump-sum payment, even if you have named them to receive such money on your *Beneficiary Selection Form for Refund of Accumulated Deductions*.
- You may name only one person as the Option D beneficiary. That one person may be your spouse, your former spouse who is not remarried at the time of your death, your child, your father, your mother, your sister or your brother.
- If you select a beneficiary other than the spouse to whom you are married at the time of your death, your selection on this form may be superseded by the eligible spouse under the provisions of Option D if you die before retirement.
- If your personal situation changes (e.g. divorce, a domestic relations order goes into effect, your beneficiary dies), you should file a new form with your retirement board.
- If you file a new Option D form with your retirement board, it will supersede any and all prior Option D
 forms previously filed by you.
- When you sign this form, it should be witnessed by a disinterested party.
- To cancel an Option D beneficiary designation prior to retirement, your written notice must be filed with the retirement board.
- This form becomes void upon your retirement.

CONTINGENT

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

Retirement Board: Please	enter	your retirement	board int	formation he	ere.					
Name of Retirem	ent Bo	oard:								
	Add	ress:								
	own:	Zip Code:								
	Teleph	one:				Fax	:			
Member's Information	1:									
							:	*_		
Member's Last Name		Memb	er's First	Name			So	cial Security	y # (last four)	
Street Address:										
City/Town:					State:	:	Zip	Code:		
Email:										
Phone:										
Choice of Option D Be	nefic	iary								
I, (Print Name)			, a mem	ber of the						
Retirement System, hereby Chapter 32, Section 12(2)(d would otherwise have beer	l) to red	ceive from the retir	ement sys	tem a benefit	equal to	the O				
I understand that I may cha form becomes void.	. ,				_		ent and t	that upon m	y retirement this	
I understand that this choic service and leave a spouse or if living apart, doing so fo	to who	om I have been mai	ried for o	ver one year a	nd with \	whom				
Beneficiary										
This person is my:		Parent	Sibling		Unmarried Fo			l Former Sp	ormer Spouse*	
		Spouse*	ild							
Name of Eligible Benefic	ciary:									
Beneficiary's Date of I		Beneficiary's Social Securit				ırity #:				
Beneficiary's Street Add	,									
City/T	own:			State:			Zip C	ode:		
		*If beneficiary is y	our spous	e or former sp	ouse, a c	opy of	your ma	arriage certif	icate is required	
Member's Signature	:									
Print N	lame:									
Signa	ature:							Date:		
To Be Completed By	Witn	ess (should be o	disintere	sted party):						
Print N		,		7/						
Street Ado	dress:									
City/	Town:				S	itate:		Zip Code:		
·	ature:						Date:			