

# Beneficiary Selection Form (If Member Dies Before Retirement)

August 2010

SAUGUS CONTRIBUTORY RETIREMENT SYSTEM  
25R MAIN ST  
SAUGUS, MA 01906  
TELEPHONE: 781-558-2903, 781-558-2892

### Choice of Beneficiary to Receive a Return of Accumulated Total Deductions at Member's Death

I, (print name) \_\_\_\_\_ a member of the Town of Saugus 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My selection may be superseded by a selection under G.L. c. 32, § 12(2)(d) if I die leaving an eligible spouse who elects to receive a monthly benefit.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. § 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:

Primary  YES  NO  
Name \_\_\_\_\_ SSN \_\_\_\_\_ Proportion to Pay \_\_\_\_\_ %  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Relationship to Member \_\_\_\_\_


Primary  YES  NO  
Name \_\_\_\_\_ SSN \_\_\_\_\_ Proportion to Pay \_\_\_\_\_ %  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Primary  YES  NO  
Name \_\_\_\_\_ SSN \_\_\_\_\_ Proportion to Pay \_\_\_\_\_ %  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Primary  YES  NO  
Name \_\_\_\_\_ SSN \_\_\_\_\_ Proportion to Pay \_\_\_\_\_ %  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Member's Address \_\_\_\_\_

To be completed by Witness of Choice for Return of Accumulated Total Deductions:

Name of Witness \_\_\_\_\_  Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_

**WITNESS CANNOT BE A LISTED BENEFICIARY**

**Signature Required**

**Signature Required**




## Choice of Option (D) Beneficiary

I, (print name) \_\_\_\_\_ a member of the \_\_\_\_\_ Town of Saugus 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 death, or if living apart, for justifiable cause as determined by the Retirement Board.

### Beneficiary


Name _____		SSN _____
Address _____	City _____	Zip Code _____
Date of Birth _____	Relationship to Member _____	

**ATTACH BIRTH CERTIFICATE FOR OPTION D BENEFICIARY  
AND  
MARRIAGE LICENSE IF SPOUSE IS NAMED**

### Member

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Member's Address \_\_\_\_\_

To be completed by Witness of Choice for Option D Election		
Name of Witness _____		Date _____
Signature of Witness _____		

\*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.