

Beneficiary Selection Form (If Member Dies Before Retirement)

August 2010



Retirement Board: Saugus Retirement System
Address: Town Hall Annex, 25R Main Street
City, State, Zip: Saugus, MA 01906
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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My selection may be superseded by a selection under G.L. c. 32, § 12(2)(d) if I die leaving an eligible spouse who elects to receive a monthly benefit.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:

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 _____



Choice of Option (D) Beneficiary

I, (print name) _____ a member of the _____ 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 © 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

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.**