THE COMMONWEALTH OF MASSACHUSETTS

State Retirement Board

BENEFICIARY SELECTION FORM FOR OPTION B (IF MEMBER DIES AFTER RETIREMENT)

PLEASE COMPLETE AND RETURN FORM TO MAIN OFFICE (ADDRESS BELOW)

TO THE BOARD OF RETIREMENT:

In accordance with the provisions of Section 11 of Chapter 32 of the Massachusetts General Laws I,_____, a member of the State Employees' Retirement System, hereby nominate the following-named beneficiary or beneficiaries in the proportion designated or in the alternative other beneficiaries to receive any sum referred to in said Section 11 due at the time of my death:

The total of the proportions for your Primary beneficiary(ies) must equal 100%. The total of the proportions for any Contingent beneficiary(ies) must also equal 100%. A Primary beneficiary must be designated before a Contingent.

PRIMARY BENEFICIARY INFORMATION		
☐ Person:	Name:	
Relationship:	Street:	SSN or TIN:
Date of Birth:	City, State, Zip:	Portion: ☐ ALL, OR ☐ _____ % (percent)
☐ Estate, Trust or Organization:	Telephone:	
	Email:	
☐ Person:	Name:	
Relationship:	Street:	SSN or TIN:
Date of Birth:	City, State, Zip:	Portion: ☐ ALL, OR ☐ _____ % (percent)
☐ Estate, Trust or Organization:	Telephone:	
	Email:	

CONTINGENT BENEFICIARY INFORMATION		
☐ Person:	Name:	
Relationship:	Street:	SSN or TIN:
Date of Birth:	City, State, Zip:	Portion: ☐ ALL, OR ☐ _____ % (percent)
☐ Estate, Trust or Organization:	Telephone:	
	Email:	
☐ Person:	Name:	
Relationship:	Street:	SSN or TIN:
Date of Birth:	City, State, Zip:	Portion: ☐ ALL, OR ☐ _____ % (percent)
☐ Estate, Trust or Organization:	Telephone:	
	Email:	

☐ Check here if additional beneficiaries are listed on a separate piece of paper.

This form may be used for Option B retirees:

- *Option B* allows a retired member to select a beneficiary or beneficiaries to receive payment of any accumulated deductions remaining in their account when the member dies after retirement.

Please sign below: **FORM MUST BE SIGNED AND WITNESSED ON THE SAME DATE.**

SIGNATURE REQUIRED BY (1) THE MEMBER AND (2) A WITNESS WHO IS NOT LISTED AS A BENEFICIARY.

1 **Member Signature (required):** **Date:**

Printed Name: **Provide Last Four Digits of Your SSN, or MSRB ID, or HRCMS ID:**

Member Address: **Department/Agency:**

Personal Email Address: **Personal Telephone Number:**

2 **Witness Signature (required):*** **Date:**

Witness Printed Name/Address:

Witness Personal Email: **Witness Telephone Number:**

*** Please note that this form will be invalid if your witness is also listed as a beneficiary on any part of this form.**

Please note:

- Any person, persons or entity can be named as an Option B beneficiary.
- Option B beneficiary(ies) can be changed at any time.
- Your selection on this form will supersede any earllier beneficiary(ies) selected by you.
- The totals of all proportions for your Primary and Contingent beneficiary(ies) MUST equal 100% EACH.
- A form with corrections or erasures will not be accepted. A form with no signatures will not be accepted.
- The person designated as beneficiary cannot be a witness to your signature.

AFTER THE DEATH OF A MEMBER:

1. The amount of any cash refund due under Option (B) shall be paid to the surviving beneficiary or beneficiaries. Payment to any beneficiary or beneficiaries shall bar the recovery of such payment by any other person. If no beneficiary has been named or if no beneficiary survives,any sum due at the death of a member shall be paid to the legal representatives or the estate of such member.
2. If the sum does not exceed $300 the State Board of Retirement may make payment, after the expiration of 90 days, to the person or persons appearing in its judgment to be entitled thereto; provided that no written demand by a duly appointed executor or administrator has been made, nor probate proceedings have been commenced. Any action taken by the State Board of Retirement within the provisions of Section 11 shall constitute a legal settlement of all claims on account of amounts payable under such section.
3. The prorated monthly amount due upon the death of the member under Option (B) is payable to the estate of member, unless otherwise determined by the Board. Any such payment will constitute a legal settlement of all such claims and shall bar recovery by any other person.