



THE COMMONWEALTH OF MASSACHUSETTS
State Retirement Board

**BENEFICIARY
CHANGE FORM**

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%.

BENEFICIARY INFORMATION			
Name:	Designation: (Must check 1 box) <input type="checkbox"/> Primary, <u>OR</u> <input type="checkbox"/> Contingent	Proportion: * (Must check 1 box) <input type="checkbox"/> ALL, <u>OR</u> <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #:
Street:			Relationship:
City, State, ZIP:			Date of Birth:
Email:	Telephone:		
Name:	Designation: (Must check 1 box) <input type="checkbox"/> Primary, <u>OR</u> <input type="checkbox"/> Contingent	Proportion: * (Must check 1 box) <input type="checkbox"/> ALL, <u>OR</u> <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #:
Street:			Relationship:
City, State, ZIP:			Date of Birth:
Email:	Telephone:		
Name:	Designation: (Must check 1 box) <input type="checkbox"/> Primary, <u>OR</u> <input type="checkbox"/> Contingent	Proportion: * (Must check 1 box) <input type="checkbox"/> ALL, <u>OR</u> <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #:
Street:			Relationship:
City, State, ZIP:			Date of Birth:
Email:	Telephone:		
<input type="checkbox"/> Check here if additional beneficiaries are listed on the back of this form			

Please sign below:

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 - or retired: _____

Personal Email Address: _____ Personal Telephone Number: _____

2 Witness Signature (required):

Date: _____

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

Witness Printed Name/Address: _____

Witness Personal Email: _____ Witness Telephone Number: _____

This form may be used for:

- **Before your retirement:** The payment of the accumulated total of deductions credited to your account in the annuity savings fund at the date of your death.
- **After you retire:** To change your Option B beneficiary or beneficiaries.

Please note:

- ▶ Election of a beneficiary under Option (C), the survivorship allowance, is NOT made on this form. Such selection is made on the Retirement Option Selection Form at the time of retirement.
- ▶ The right to change any beneficiary is reserved. This may be done by filing a new form. If you are naming contingent beneficiaries, please specify.
- ▶ 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.

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%.

ADDITIONAL BENEFICIARY INFORMATION				
Name:	Designation: (Must check 1 box) <input type="checkbox"/> Primary, <u>OR</u> <input type="checkbox"/> Contingent	Proportion:* (Must check 1 box) <input type="checkbox"/> ALL, <u>OR</u> <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #:	
Street:			Relationship:	
City, State, ZIP:			Date of Birth:	
Email:			Telephone:	
Name:	Designation: (Must check 1 box) <input type="checkbox"/> Primary, <u>OR</u> <input type="checkbox"/> Contingent	Proportion:* (Must check 1 box) <input type="checkbox"/> ALL, <u>OR</u> <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #:	
Street:			Relationship:	
City, State, ZIP:			Date of Birth:	
Email:			Telephone:	
Name:	Designation: (Must check 1 box) <input type="checkbox"/> Primary, <u>OR</u> <input type="checkbox"/> Contingent	Proportion:* (Must check 1 box) <input type="checkbox"/> ALL, <u>OR</u> <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #:	
Street:			Relationship:	
City, State, ZIP:			Date of Birth:	
Email:			Telephone:	

GENERAL INFORMATION:

- The nomination of one or more beneficiaries may be changed from time to time by filing a new form.
- Payment or proportionate payments to any beneficiary or beneficiaries will be paid in one sum.
- A beneficiary nominated by a minor must be of his kindred. If a minor is designated as a beneficiary, payment will be made to the conservatorship of such minor.

AFTER THE DEATH OF A MEMBER:

1. The amount of any accumulated total deductions credited to the member's account in the annuity savings fund is payable in one sum or in proportionate sums to the surviving beneficiary or beneficiaries, except that in any case where the deceased member is survived by a widow and/or children eligible to receive benefits under the provisions of Section 12B or 12(2)(d) an election by such widow or by a conservatorship on behalf of such children to receive such benefits shall have preference over the right of any beneficiary named on this form. This provision is not applicable after retirement allowance has become effective for a member.
2. 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.
3. 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.
4. The prorated monthly amount due upon the death of the member under Option (A), Option (B) or Option (C) 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.
5. If retired under Option C and you die before your beneficiary, two-thirds (2/3) of your benefit will be payable to the eligible beneficiary on record. If your beneficiary predeceases you, your benefit will automatically be converted to Option A.
6. On a separate form, you may designate a single beneficiary to receive a monthly survivor allowance calculated as if you had retired on the date of your death pursuant to G.L. c.32, §12(2)(d). You may only designate certain individuals to be a beneficiary for a survivor allowance. The beneficiary must be a spouse, child, parent, sibling, or former spouse who has not remarried. Designation of a beneficiary other than a spouse for this purpose must be done on a separate form. Please contact the State Retirement Board for further information.
<https://www.mass.gov/service-details/option-d-for-active-members-msrb>