



THE COMMONWEALTH OF MASSACHUSETTS
State Retirement Board

**OPTION SELECTION FORM:
OPTION D**

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

FORM TO NOMINATE AN ELIGIBLE BENEFICIARY* TO RECEIVE THE OPTION C RETIREMENT ALLOWANCE PAYABLE IN THE EVENT THE MEMBER DIES BEFORE BEING RETIRED

I, _____, a member of the STATE EMPLOYEES' RETIREMENT
(Print Member Name)
SYSTEM hereby nominate under Option D effective under the provisions of section 12 (2) of Chapter 32 of
the General Laws as amended _____
of _____
(Name of Eligible Beneficiary)*
my _____ whose birth date is ____/____/____ and Social Security
(Relationship to Member)* (Beneficiary Address)*
number is _____ to receive from the retirement system the amount of the Option C
retirement allowance, which would otherwise be payable to me in the event I die before being retired.

OPTION D BENEFICIARY INFORMATION

Name:		
Relationship:	Street:	SSN or TIN:
Date of Birth:	City, State, Zip:	
	Telephone:	
	Email:	

Please read and check each of the following:



- ☐ In the event of my retiring, Option D form becomes void.
- ☐ I understand that by submitting this form, **it will replace** any Option D form already on file.
- ☐ BIRTH RECORD OF THE BENEFICIARY IS FILED WITH THIS FORM (required).

Please check if beneficiary is SPOUSE:

- ☐ A COPY OF MARRIAGE CERTIFICATE IS FILED WITH THIS FORM (required).

_____ (Member Signature)	_____ (Date Signed)
_____ (Member Address)	_____ (Social Security Number)
_____ (Work Email Address)	_____ (Personal Email Address)
_____ (Witness Signature)	
_____ (Date Signed)	
_____ (Witness Address)	

To withdraw an Option D form prior to retirement, your withdrawal request must be submitted to the Board in writing. If you choose to withdraw the Option D form, complete a Change of Beneficiary form to update beneficiary designation for lump sum distribution purposes. **Please note that selection of a beneficiary here does not impact your eligible spouse's right to elect a retirement allowance should you pass away prior to retirement. I understand that this choice of Option D beneficiary may be superseded by an election under G.L. c.32, s.12(2)(d) if I die leaving an eligible spouse who elects to receive a monthly benefit.**

Please return completed form to our main office. Please notify the Retirement Board of any change of address.

*Eligible Beneficiary is defined in the statute as spouse, child, father, mother, sister or brother of member, or former spouse who has not remarried, and **please note that this form must be witnessed by someone other than the Option D beneficiary. A form that is witnessed by the Option D beneficiary will be invalid.**

Main Office: One Winter Street, 8th Floor, Boston, MA 02108. Phone: 617-367-7770 Toll Free (within MA): 1-800-392-6014

Regional Office: 436 Dwight Street, Room 109A, Springfield, MA 01103. Phone: 413-730-6135

mass.gov/retirement

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