



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 SYSTEM hereby nominate under Option D effective under the provisions of section 12 (2) of Chapter 32 of the General Laws as amended _____ of _____ my _____ whose birth date is _____/_____/_____ and Social Security 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 I understand that this choice of Option D beneficiary may be superseded by an election under G.L. c.32, s.12(2)(d) if I die leaving an eligible spouse who elects to receive a monthly benefit.***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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