



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
(Print Member Name)
 hereby nominate under Option D effective under the provisions of section 12 (2) of Chapter 32 of the
 General Laws as amended _____
(Name of Eligible Beneficiary)*
 of _____
(Beneficiary Address)*
 my _____ whose birth date is ____/____/____ and Social Security
(Relationship to Member)*
 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.

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).

_____	_____
<small>(Member Signature)</small>	<small>(Date Signed)</small>
_____	_____
<small>(Member Address)</small>	<small>(Social Security Number)</small>
_____	_____
<small>(Witness Signature)</small>	<small>(Date Signed)</small>
_____	_____
<small>(Witness Address)</small>	

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 I understand that this choice of Option D beneficiary may be superseded by an election under G.L. c.32, s. 12(2)(d) if I die leaving an eligible spouse who elects to receive a monthly benefit.**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 unmarried former spouse, 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 Fax: 617-723-1438 Toll Free (within MA): 1-800-392-6014
Regional Office: 436 Dwight Street, Room 109A, Springfield, MA 01103 Phone: 413-730-6135 Fax: 413-730-6139

mass.gov/retirement