



available from
 Municipal Employees' Retirement System of Michigan
 1134 Municipal Way Lansing MI 48917 (800) 767-6377

Statement of Beneficiary Claim to Benefits

provided by
 Standard Insurance Company
 1100 SW Sixth Avenue Portland OR 97204-1093

For Your Information

- Funds due to you as a beneficiary may represent taxable income. You must provide Standard Insurance Company with instructions for the withholding of taxes by completing IRS form W-4P (or form **5031**).
- Where required, be sure to include IRS form W-9 (or form **5031**). Payment cannot be made without a correct Social Security number or tax identification number.
- Sign your name exactly as it is indicated on the beneficiary designation of the policy. If it has changed, sign a second time using your current name.

Common Scenarios

- Estate Named as Beneficiary**
 When the proceeds are payable to an estate, this statement must be completed and signed by the personal representative (executor or administrator) of the estate. A certified copy of *Letters of Testamentary* or *Letters of Administration* must be attached and submitted with this statement. Proceeds must be distributed to the estate in a single, lump-sum payment.
- Minor Named as Beneficiary**
 When the proceeds are payable to a minor, this statement must be signed by the minor's guardian or the parent having custody and care of the minor. Standard Insurance Company will indicate if guardianship papers or an affidavit is required.
- Deceased Beneficiary**
 The beneficiary must survive the decedent by at least 15 days in order to be entitled to receive proceeds. If a deceased beneficiary is entitled to the proceeds (e.g. survived the decedent by at least 15 days), then a copy of the death certificate for that beneficiary must be attached and submitted with this statement.
- Inter Vivos Trust**
 When the proceeds are payable to the trustees of an inter vivos trust, this statement must be signed by the trustee. A certified copy of the trust must be attached and submitted with this statement.
- Testamentary Trust**
 When the proceeds are payable to the trustee named in the annuitant's will, this statement must be signed by the trustee. A certified copy of the will (or other instrument creating the trust) must be attached and submitted with this statement.

1 Contract Identification

| | |
|----------------------------------|---------------|
| POLICY NUMBER | |
| ANNUITANT OR PARTICIPANT NAME(S) | OWNER NAME(S) |

2 Contract Beneficiary Identification

| | | | |
|---------|--------------|------------|----------|
| NAME | SSN (or TIN) | BIRTH DATE | |
| ADDRESS | CITY | STATE | ZIP CODE |

3 Beneficiary Claim Selection (Attach form **5031** or IRS forms W-9 and W-4P.)

| |
|---|
| Payout Annuity Options <input type="checkbox"/> Continue payments as provided in the current contract to me. <input type="checkbox"/> Initiate a settlement option as directed. (Attach form 5393 .) <input type="checkbox"/> Distribute the full amount in a lump-sum payment to me. |
|---|

4 New Beneficiary Designation (If applicable. To designate multiple primary and/or contingent beneficiaries, instead attach form **6304.**)

| | | | |
|------------|--------------|------------------|--------------|
| PRIMARY | SSN (or TIN) | BIRTH/TRUST DATE | RELATIONSHIP |
| ADDRESS | CITY | STATE | ZIP CODE |
| CONTINGENT | SSN (or TIN) | BIRTH/TRUST DATE | RELATIONSHIP |
| ADDRESS | CITY | STATE | ZIP CODE |

State Fraud Notices

AR, DC, KY, LA, ME, NM, OH, OK, PA and TN Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

CO Residents: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of any insurance company who knowingly provides false, incomplete, or misleading information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division Of Insurance of Regulatory Services.

FL Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any materially false, incomplete, or misleading information is guilty of a felony of the third degree.

NJ Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

WA Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

5 Authorization

I am claiming my benefits as beneficiary available under the Standard Insurance Company contract(s) listed above. I agree that this beneficiary statement, a certified copy of the annuitant’s death certificate and all other documents required by Standard Insurance Company in regard to my claim shall serve as proof of death of the annuitant. I also agree that by providing this form, Standard Insurance Company does not waive any of its rights or defenses in regard to the payment of my claim.

I have completed appropriate sections of this form and represent that all information is true and accurate.

_____ BENEFICIARY SIGNATURE _____ DATE _____