



Municipal Employees' Retirement System of Michigan
 1134 Municipal Way • Lansing, MI 48917
 800.767.MERS (6377) • Fax: 517.703.9706
 www.mersofmich.com

Defined Benefit Monthly Pension Beneficiary Application

* Required field • Please print • Retain a copy for your records

Who should use this form?

Please use this form if you are the surviving spouse, child (unmarried and under age 21), or other designated *Monthly Pension Beneficiary* of a vested MERS Defined Benefit participant who is deceased.

1. Information about you (the Monthly Pension Beneficiary)

Last name*		First name*		MI
Date of birth (mm/dd/yy)*	Social Security number*		Daytime phone*	
Street address*		City*	State*	Zip*
Email address				
Relationship to participant at time of death*				
<input type="checkbox"/> Spouse <input type="checkbox"/> Child (unmarried and under age 21) <input type="checkbox"/> Other _____ — Payment of a retirement allowance to a surviving child shall not be made for any month for which a surviving spouse is paid a retirement allowance.				

2. Information about the deceased MERS participant

Participant last name*		Participant first name*		MI
Last 4 of participant Social Security number*	Date of death (mm/dd/yy)*	Municipality/employer name		

3. Banking information

Primary account

Amount of deposit*		Type of account*		
<input type="checkbox"/> All <input type="checkbox"/> Partial \$ _____		<input type="checkbox"/> Savings account <input type="checkbox"/> Checking account		
Financial Institution name*			Phone number (with area code)*	
ABA routing number (9 digit)*		Account number* (do not include check number)		

Secondary account: If you chose a partial payment above, the remainder of your pension payment will be directly deposited into a secondary account. Please provide that account information below.

Type of account	
<input type="checkbox"/> Savings account <input type="checkbox"/> Checking account	
Financial Institution name	Phone number (with area code)
ABA routing number (9 digit)	Account number (do not include check number)

MERS will deposit your monthly pension by direct deposit into the designated financial institution(s) as specified above. MERS reserves the right to recover money electronically deposited in your account in error, either by adjusting the account or withholding from future payments. We will notify you in writing if adjustments are being made. Please notify any joint account holder(s) of the obligations to repay any overpayment to this account if the overpayment is not repaid by the financial institution.

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Participant's last name* (please print clearly)

Participant's last four digits of SSN*

4. Federal income tax withholding

Marital tax status* Single Married Married, but withhold at higher "Single" rate

Note: If no election is made, MERS will default to a standard withholding rate of Married with 3 exemptions.

I DO NOT want any federal income tax withheld from my pension. (Proceed to Section 5.)

I DO want federal income tax withheld from my pension. (Complete lines below.)

The total number of exemptions I am claiming to be withheld from each pension payment is listed below.

Total number of exemptions: _____ (If blank, zero will be used)

Optional additional amount, if any, I want withheld from each pension payment

(If requesting an additional amount, you must enter a number of exemptions above – even if it is zero.): \$ _____

Withholding will begin with your first payment following receipt and processing of this form.

If you wish to specify a different month, indicate month: _____

For additional instructions, see IRS Form *W-4P, Withholding Certificate for Pension or Annuity Payments*.

5. Michigan income tax withholding

Marital tax status* Single Married Married, but withhold at higher "Single" rate

	Select ONE option below that applies to you (or your spouse)	Tax withholding will occur on:
1. <input type="checkbox"/>	Your pension payments are not taxable and/or you wish to opt out of Michigan state tax withholding (<i>Opting out may result in a balance due on your MI-1040 as well as penalty and/or interest.</i>)	None of your pension benefits
2. <input type="checkbox"/>	You (or spouse) were born before 1946	None of your pension benefits
3. <input type="checkbox"/>	You (or spouse) were born during the period 1946–1952	Benefits over \$20,000 if single; over \$40,000 if filing jointly
4. <input type="checkbox"/>	You were born 1946–1952 and your retirement benefits were from employment with a governmental agency not covered by Social Security - OR - You were born after 1952, your benefits were from employment not covered by Social Security and you were retired as of January 1, 2013.	Benefits over \$35,000 if single; over \$55,000 if filing jointly
5. <input type="checkbox"/>	You (and spouse) were born after 1952, either of you are now age 62, and your retirement benefits were from a governmental agency not covered by Social Security	Benefits over \$15,000
6. <input type="checkbox"/>	You (and spouse) were born after 1952	All pension benefits
7. <input type="checkbox"/>	You want taxes withheld at the current tax rate	All pension benefits

If you reside in Michigan and you do not complete this section, MERS will withhold based on Michigan tax regulations. For additional information, visit www.michigan.gov/taxes. (See Section 8 of the Guide for details.)

Optional – Select exemptions and additional withholding

If you checked 3, 4, 5, 6 or 7 above, enter number of exemptions, if desired (this will reduce the amount withheld for taxes): _____

If you checked 3, 4, 5, 6 or 7 above, enter *additional* percentage, if any, you want withheld from your pension payment. This amount will be in addition to the withholding calculated by your selections above: _____%

6. Certification signature

I certify that the information above is complete and accurate to the best of my knowledge and that I am the Monthly Pension Beneficiary of the deceased MERS Defined Benefit Plan retiree above.

Signature of Monthly Pension beneficiary*

Date (mm/dd/yyyy)*

Note: This statement must be accompanied by a copy of the death certificate of the participant.

Please submit this completed form to: **MERS of Michigan**
1134 Municipal Way
Lansing, MI 48917
Fax: 517.703.9706