



Option IV Beneficiary Change Request

Please print • Retain a copy for your records

1. Information about you

Last Name*	First Name*	Last four digits of SSN*	Date of birth (mm/dd/yyyy)	
Mailing address*		City*	State*	Zip code*
Home email address			Phone number (with area code)*	
Name of employer*			Effective date of retirement*	

2. Change of Option IV Beneficiary

I revoke all previous elections of Option IV Beneficiary and replace those designations with the below.

Beneficiary #1 last name*	Beneficiary #1 first name*	MI	Beneficiary #1 Social Security Number*	
Relationship*	Date of birth (mm/dd/yyyy)*	Daytime contact phone (area code and number)		
Mailing address		City	State	Zip code

You are not required to name more than one beneficiary but you may choose as many as you like. If you name multiple beneficiaries, **they will each receive an equal share of your benefit**, even if one of them is your spouse. **If you are married and you have NOT elected your spouse as your ONLY Option IV Beneficiary, your spouse must sign consent in Section 3.**

Beneficiary #2 last name	Beneficiary #2 first name	MI	Beneficiary #2 Social Security Number	
Relationship	Date of birth (mm/dd/yyyy)	Daytime contact phone (area code and number)		
Mailing address		City	State	Zip code
Beneficiary #3 last name	Beneficiary #3 first name	MI	Beneficiary #3 Social Security Number	
Relationship	Date of birth (mm/dd/yyyy)	Daytime contact phone (area code and number)		
Mailing address		City	State	Zip code
Beneficiary #4 last name	Beneficiary #4 first name	MI	Beneficiary #4 Social Security Number	
Relationship	Date of birth (mm/dd/yyyy)	Daytime contact phone (area code and number)		
Mailing address		City	State	Zip code

If you want to add more beneficiaries, please attach a separate list that you have signed and dated providing the same information for each beneficiary. If you select multiple recipients for Option IV Beneficiaries, **they will each receive equal shares of your benefit**, even if one of them is your spouse.

* Required field

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Last name* (please print clearly)

Social Security Number*

3. Required signatures

I acknowledge that I have completed, understand, and agree to this *Option IV Beneficiary Change Request*.

Participant signature*

Date (mm/dd/yyyy)

Spouse's signature – Required only if participant is currently married and the participant's spouse is NOT being named the ONLY Option IV Beneficiary. If not married, write NONE in the field below.

I have read this form and fully understand and agree with my spouse's elections. If another individual is named beneficiary in Section 2, or listed as additional beneficiary(ies) in attached documentation, I understand that I am giving up my automatic right as the participant's spouse, to 100% of available benefits.

Spouse's name

Spouse's signature

Date (mm/dd/yyyy)

Data collected on this form will be used by MERS staff for identification and documentation only.

* Required field

You can submit this form online!

If you already have a myMERS account, you can upload this form online. Look for the **File Upload** feature to easily and securely submit completed forms.

You may also mail completed form to:

**Municipal Employees'
Retirement System of Michigan**
1134 Municipal Way
Lansing, MI 48917
Fax: 517.703.9706