

OPTION IV BENEFICIARY CHANGE REQUEST



RETURN TO: Municipal Employees' Retirement System of Michigan
 1134 Municipal Way
 Lansing, MI 48917
 Phone: 800.767.2308 • Fax: 517.703.9706

Municipality		Municipality No.	
Member's Name (Last, First, Middle)	Social Security No. - (last 4 digits only)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YY)
Street Address or P.O. Box	City	State	Zip Code
Spouse's Name		Spouse's Date of Birth (MM/DD/YY)	Daytime Phone No.

CHANGE OF NOMINATION OF OPTION IV BENEFICIARY: I revoke and cancel my previous nomination of Option IV beneficiary. **If you are married, your spouse must consent in writing.**

Name of Option IV Beneficiary (Last, First, Middle)	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.*	Date of Birth (MM/DD/YY)
Street Address	City	State	Zip Code	

A NAMED SURVIVOR BENEFICIARY MAY BE MORE THAN ONE PERSON UNDER FORM OF PAYMENT IV**

Name of Second Option IV Beneficiary (Last, First, Middle)**	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.*	Date of Birth (MM/DD/YY)
Street Address	City	State	Zip Code	

I DECLARE THE ABOVE STATEMENTS TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Member	Date	Signature of Witness	Date

IF YOU ARE MARRIED AND HAVE NOT SELECTED YOUR SPOUSE AS YOUR ONLY OPTION IV BENEFICIARY, YOUR SPOUSE MUST SIGN BELOW.

Signature of Spouse (Required, if married) _____ By my signature, I forfeit ("give up") my right to be Option IV beneficiary. I agree with my spouse's designation of the above individual(s) as Option IV beneficiary instead of me.	Date
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BENEFICIARY DESIGNATIONS WILL NOT BE CHANGED UNLESS THIS FORM IS COMPLETED AND RETURNED.

*Protected information required for tax and actuarial purposes.
 **Additional Option IV beneficiaries may be listed on page 2 of this form.

If you have speech or hearing difficulties and need assistance completing this form, contact the Michigan Relay Center at 1-800-649-3777. If you have other disabilities, contact MERS at 1-800-767-2308 to request special accommodations.

OPTION IV BENEFICIARY CHANGE REQUEST (continued)

Member's Name (Last, First, Middle)	Social Security No. - (last 4 digits only)
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ADDITIONAL SURVIVOR BENEFICIARIES

Name of Option IV Beneficiary (Last, First, Middle)	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.*	Date of Birth (MM/DD/YY)
Street Address	City		State	Zip Code

Name of Option IV Beneficiary (Last, First, Middle)	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.*	Date of Birth (MM/DD/YY)
Street Address	City		State	Zip Code

Name of Option IV Beneficiary (Last, First, Middle)	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.*	Date of Birth (MM/DD/YY)
Street Address	City		State	Zip Code

*Protected information required for tax and actuarial purposes.