



Certification of Trust

Please print clearly • Retain a copy for your records

Use this form if you would like to name an irrevocable trust as a beneficiary (except for a *Defined Benefit Monthly Pension Beneficiary*, which requires [Form DB-022](#) instead). This form must be filled out completely and accurately. MERS reserves the right to request and review the trust document to ensure compliance with the Internal Revenue Code as a condition of making a payment to the trust. If the trust is later determined to not meet the requirements of the law or MERS' procedures, you will not have a valid beneficiary on file and MERS' Plan Document will govern whether and to whom any refund is paid. It is your responsibility to update this form if the trust is amended in the future. MERS cannot provide legal advice.

1. Information about you (the participant)

Last name*	First name*	Last 4 of SSN*	Phone number (with area code)*
Mailing address*			
City*		State*	Zip code*
Email address			

2. Details of the Trust

Trust name: _____

Trust date: (MM/DD/YYYY) _____.

State of establishment _____

I certify the following is a list of all beneficiaries of the Trust:

Primary beneficiaries*	Date of birth (mm/dd/yyyy)*	Relationship to participant*	Phone (w/ area code)*

Contingent beneficiaries	Date of birth (mm/dd/yyyy)	Relationship to participant	Phone (w/ area code)

* Required field

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Last name* (please print clearly)

Last 4 of SSN*

3. Certification and signature

I state that the trust **does** **does not** have provisions for an inherited IRA.

I further certify:

- to the best of my knowledge, the beneficiary information above is correct and complete
- the Trust is valid under state law or would be valid but for the fact that there are no assets in the trust;
- the Trust is irrevocable or will become irrevocable at my death; and
- the Trust beneficiaries entitled to an interest under the Plan are natural persons and not an entity or another trust.

I agree to provide:

- a corrected certification, to the extent any amendment to the Trust changes any information I previously have certified; and
- a copy of the Trust upon demand.

Participant signature*

Date (mm/dd/yyyy)*



* Required field

Submitting this form

I am completing this certification for the following account type:

MERS Defined Benefit or Hybrid

Go to mersofmich.com and upload this form to your myPension account.

OR send completed form to:

MERS of Michigan
1134 Municipal Way
Lansing, MI 48917
Fax: 517.703.9706

MERS Defined Contribution, 457, or IRA

Sign in to your MERS DC, 457, IRA, and HCSP account from mersofmich.com