

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

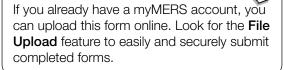
Beneficiary Change for Period Certain Payments								
Please print • Retain a copy for your records								
1. Information about you								
Last Name*	First Name*	st Name*		Last four digits of SSN*			Date of birth (mm/dd/yyyy)	
Mailing address*		City*				State*	Zip code*	
Home email address			Pho	one num	ber (with a	area code)*		
Name of employer*			Effective date of retirement*					
2. Change of Period Certain (Opt	tion IV) Beneficiary							
I revoke all previous elections of Period Cert	ain (Option IV) Beneficiary	and replace thos	se designa	ations v	vith the	below.		
Beneficiary #1 last name*	Beneficiary #1 fi	rst name*		MI Benefici		ciary #1 So	iary #1 Social Security Number*	
Relationship*	Date of bi	rth (mm/dd/yyyy)*	Day	Daytime contact phone (area code and number			e and number)	
Mailing address	<u> </u>	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 Period Certain (Option IV) Beneficiary, your spouse must sign consent in Section 3.								
Beneficiary #2 last name	Beneficiary #2 fi	rst name	MI Beneficiary		ciary #2 So	ry #2 Social Security Number		
Relationship	Date of bi	rth (mm/dd/yyyy)	Day	Daytime contact phone (area cod		e and number)		
Mailing address	l	City				State	Zip code	
Beneficiary #3 last name	Beneficiary #3 fi	rst name		MI Beneficiary #3 Social Security Nu		cial Security Number		
Relationship	Date of bi	rth (mm/dd/yyyy)	Day	Daytime contact phone (area code and number)		e and number)		
Mailing address	,	City				State	Zip code	
Beneficiary #4 last name	Beneficiary #4 fi	rst name		MI	Benefi	ciary #4 So	cial Security Number	
Relationship	Date of bi	rth (mm/dd/yyyy)	Daytime contact phone (area code and number)					
Mailing address	1	City				State	Zip code	
If you want to add more beneficiaries, pleas each beneficiary. If you select multiple recipi your benefit, even if one of them is your sp	ents for Period Certain (C							

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^{*} Required field

Beneficiary Change for Period Certain Payments						
Last name* (please print clearly)	Social Security Number*					
3. Required signature(s)						
I acknowledge that I have completed, understand, and agree to this Beneficiary Change for Period Certain Payments.						
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 Period Certain (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.						

You can submit this form online!



You may also mail completed form to:

Municipal Employees'
Retirement System of Michigan
1134 Municipal Way

Lansing, MI 48917 Fax: 517.703.9706

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^{*} Required field