

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

Hybrid Plan Beneficiary Designation Form							
Please print clearly • See attached guide for Do this online!  Log into your myMERS account	., ,	cords • Complete ALL section	ons of this form				
1. Information about you							
Last name*		First name*	MI	Last four digits of SSN*			
Email address		Pho	Phone number (with area code)*				
Name of employer*			·				
Marital status*	Married Check he	re if you have children	under age 21: 🗍				
Are you changing beneficiaries as a result of divorce or death?	If "Yes," include with this form a complete copy of the judgment of divorce and any Eligible Domestic Relations Order (EDRO) entered by the court, or death certificate.						
Yes No	Former beneficiary's (or spouse'						
2. Defined Benefit portion	n – Monthly Pension	Beneficiary					
You may name <i>one</i> (only) Mont vested, or if you die as a result of <i>Monthly Pension Beneficiary</i> . wish to name someone other that waive their rights.  If you wish to name a <b>trust</b> as a Beneficiary (Form DB-022) and strust itself names only one natural	of injury or illness arising from Please enter their informat an your spouse, your spouse.  Monthly Pension Beneficial authority it along with this form	m work duties. If you ion in this section in o se must sign in the "Spry, please complete th	are married, <b>your spous</b> rder for MERS to proces pousal consent of forfeiture e Certification of Trust for	te is automatically your s claims quickly. If you lire" box in Section 7 to  r Monthly Pension			
Full name (spouse, if applicable)	Gender Relations	ship SSN		Date of birth (mm/dd/yyyy)			
For additional information about w	who can be named Monthly	Pension Beneficiary, s	ee Guide.				
3. Defined Benefit portion	n – Primary Beneficia	ary					
If you die before vesting and there distributed) of any employee contrand can be entered below. If you consent in Section 7. If you wish tarust (Form DB-022b) and submit	ributions that you may have wish to name someone oth o name a trust as your Prim	. If you are married, your than, or in addition to	our spouse is automaticall to, your spouse, your spo	y your Primary Beneficiary suse must sign the spousal			
Full name (spouse, if applicable)	Gender Relations	ship SSN		Date of birth (mm/dd/yyyy)			
If you want to add more beneficia	ries, please attach a separa	te list that you have si	gned and dated.	1			

ast name* (please print clearly)	Last fou	Last four digits of SSN*				
. Defined Benefit por	rtion – Continge	nt Beneficiary				
the event there is <b>no rema</b> ontingent Beneficiary(ies) to						ore person(s) a
esignate name(s) of Continge	ent Beneficiary(ies) bel	low. Name(s) below	replace all prior desig	nations (if any)	of Contingen	it Beneficiary(ie
ull name of Contingent Beneficia	ary Gender	Relationship	SSN		Date of b	irth (mm/dd/yyyy)
you want to add more bene	aficiarios nlease attac	h a senarate list the	et vou have signed ar	nd dated		
Defined Contribution	-	•		ia datea.		
		•		1 11 1 11	16	
ou are married, <b>your spou</b> meone other than your spo						
you wish to name a <b>trust</b> a			•	•		
orm DB-022b) along with the						
ereby designate the followin ould die prior to the payout		y Beneficiary(ies) of	my account under the	e Defined Contr	ibution portio	on of the plan
ame of primary beneficiary	Relationship	SSN		Date of birth (mm/c	d/yyyy)	Percentage
spouse, if applicable)						
you want to add more bene	eficiaries, please attac	h a separate list tha	at you have signed ar	nd dated.		Must equal 10
	·			nd dated.		Must equal 10
Defined Contribution	on portion – Con	tingent Benefi	ciary		reon(e) ae oo	
<b>Defined Contribution</b> the event there is no remain	on portion - Con	tingent Benefi	ciary  , I hereby designate t		rson(s) as co	
Defined Contribution the event there is no remain neficiary(ies) of my account	on portion - Con	tingent Benefi	ciary , I hereby designate to the Plan.			
Defined Contribution the event there is no remain neficiary(ies) of my account	on portion – Con ning Primary Beneficia t under the Defined Co	tingent Beneficary(ies) at my death ontribution portion	ciary , I hereby designate to the Plan.	he following pe		ontingent
Defined Contribution the event there is no remain neficiary(ies) of my account	on portion – Con ning Primary Beneficia t under the Defined Co	tingent Beneficary(ies) at my death ontribution portion	ciary , I hereby designate to the Plan.	he following pe		ontingent
Defined Contribution the event there is no remain neficiary(ies) of my account	on portion – Con ning Primary Beneficia t under the Defined Co	tingent Beneficary(ies) at my death ontribution portion	ciary , I hereby designate to the Plan.	he following pe		ontingent
Defined Contribution the event there is no remain neficiary(ies) of my account arms of contingent beneficiary	on portion – Con ning Primary Beneficia t under the Defined Co Relationship	ary(ies) at my death ontribution portion SSN	, I hereby designate to the Plan.	he following pe		Percentage
the event there is no remain eneficiary(ies) of my account ame of contingent beneficiary	on portion – Con  ning Primary Beneficia t under the Defined Con  Relationship  efficiaries, please attace	ary(ies) at my death ontribution portion SSN	, I hereby designate to the Plan.	he following pe		Percentage
the event there is no remain eneficiary(ies) of my account ame of contingent beneficiary  you want to add more beneficiary  Required signature	on portion – Con ning Primary Beneficia t under the Defined Co Relationship	ary(ies) at my death ontribution portion SSN	, I hereby designate to the Plan.	he following pe		Percentage
Defined Contribution the event there is no remain neficiary(ies) of my account arms of contingent beneficiary  you want to add more beneficiary  Required signature  bousal consent of forfeitu	on portion – Con  ning Primary Beneficia t under the Defined Con  Relationship  efficiaries, please attace  are (if applicable):	ary(ies) at my death ontribution portion SSN	the Plan.	he following per Date of birth (mm/o	d/yyyy)	Percentage  Must equal 10
the event there is no remain neficiary(ies) of my account ame of contingent beneficiary  you want to add more beneficiary  Required signature  rousal consent of forfeiture ave read this form and fully ctions 2, 3, or 5 in place of	on portion – Con ning Primary Beneficia tunder the Defined Con Relationship  efficiaries, please attace  re (if applicable): understand and agree for in addition to me,	ary(ies) at my death ontribution portion SSN  ssn  ch a separate list that the ee with my spouse's	the Plan.  It is at you have signed are selection. If another in	he following per Date of birth (mm/o	d/yyyy) ned as a ben	Percentage  Must equal 10
the event there is no remain neficiary(ies) of my account ame of contingent beneficiary  you want to add more beneficiary  Required signature  rousal consent of forfeiture  ave read this form and fully sections 2, 3, or 5 in place of pember's spouse, to those beneficiary	on portion – Con ning Primary Beneficia tunder the Defined Con Relationship  efficiaries, please attace  re (if applicable): understand and agree for in addition to me,	ary(ies) at my death ontribution portion as SSN  sh a separate list that the ee with my spouse's I understand that I	at you have signed ar selection. If another in am relinquishing ("giv	he following per Date of birth (mm/o	d/yyyy) ned as a ben tomatic right	Percentage  Must equal 10  meficiary in c, as the
the event there is no remain reficiary(ies) of my account ame of contingent beneficiary  you want to add more beneficiary  Required signature  rousal consent of forfeiture  ave read this form and fully rections 2, 3, or 5 in place of rember's spouse, to those be	on portion – Con ning Primary Beneficia tunder the Defined Con Relationship  efficiaries, please attace  re (if applicable): understand and agree for in addition to me,	ary(ies) at my death ontribution portion as SSN  sh a separate list that the ee with my spouse's I understand that I	the Plan.  It is at you have signed are selection. If another in	he following per Date of birth (mm/o	d/yyyy) ned as a ben	Percentage  Must equal 10  neficiary in
you want to add more beneated.  Defined Contribution the event there is no remaine eneficiary(ies) of my account arms of contingent beneficiary  you want to add more beneated arms and fully ections 2, 3, or 5 in place of ember's spouse, to those be grature of spouse  articipant signature:	on portion – Con ning Primary Beneficia tunder the Defined Con Relationship  efficiaries, please attace  re (if applicable): understand and agree for in addition to me,	ary(ies) at my death ontribution portion as SSN  sh a separate list that the ee with my spouse's I understand that I	at you have signed ar selection. If another in am relinquishing ("giv	he following per Date of birth (mm/o	d/yyyy) ned as a ben tomatic right	Percentage  Must equal 10  neficiary in
the event there is no remain reficiary(ies) of my account ame of contingent beneficiary  you want to add more beneficiary  Required signature  rousal consent of forfeiture  ave read this form and fully sections 2, 3, or 5 in place of the pember's spouse, to those beneficiary  articipant signature:  ave completed, understance	on portion - Con  ning Primary Beneficia tunder the Defined Con  Relationship  efficiaries, please attace  re (if applicable): understand and agree for in addition to me, enefits.	etingent Beneficary(ies) at my death ontribution portion and services are with my spouse's I understand that I spouse full national ges of this Hybrid Pages of this Hybrid Pages are my death on the services are services and the services are services are services and the services are service	at you have signed ar selection. If another in am relinquishing ("givene (please print clearly)	he following per Date of birth (mm/o	ned as a ber tomatic right	Percentage  Must equal 10  meficiary in c, as the
the event there is no remain neficiary(ies) of my account ame of contingent beneficiary  you want to add more beneficiary  Required signature  rousal consent of forfeiture  ave read this form and fully actions 2, 3, or 5 in place of the ember's spouse, to those beneficiary  articipant signature:  ave completed, understand arm, I hereby revoke all prior	ning Primary Beneficial under the Defined Connection Relationship  afficiaries, please attaction and agree for in addition to me, enefits.	etingent Beneficary(ies) at my death ontribution portion and services are with my spouse's I understand that I spouse full national ges of this Hybrid Pages of this Hybrid Pages are my death on the services are services and the services are services are services and the services are service	at you have signed ar selection. If another in am relinquishing ("givene (please print clearly)	he following per Date of birth (mm/o	ned as a ber tomatic right	Percentage  Must equal 10  meficiary in c, as the
the event there is no remaine eneficiary(ies) of my account lame of contingent beneficiary  you want to add more beneficiary  Required signature  cousal consent of forfeiture  ave read this form and fully ections 2, 3, or 5 in place of ember's spouse, to those be gnature of spouse	ning Primary Beneficial under the Defined Connection Relationship  afficiaries, please attaction and agree for in addition to me, enefits.	etingent Beneficary(ies) at my death ontribution portion and services are with my spouse's I understand that I spouse full national ges of this Hybrid Pages of this Hybrid Pages are my death on the services are services and the services are services are services and the services are service	at you have signed ar selection. If another in am relinquishing ("givene (please print clearly)	he following per Date of birth (mm/o	ned as a ber tomatic right	Percentage  Must equal 10  meficiary in t, as the

# Step-by-Step Guide to Completing the Hybrid Plan Beneficiary Designation Form

This form is available for download at www.mersofmich.com.

Please print clearly. Fields with an asterisk (\*) are required fields and must be completed to submit the form accurately.

#### 1. Information about you

If you are changing your beneficiary due to divorce or death of a spouse, check "Yes." If due to a divorce, include all pages of the final copy from the judgment of divorce and any eligible domestic relations order (EDRO/QDRO) ordered by the court. If due to death of a spouse, please include a death certificate.

#### 2. Defined Benefit - Monthly Pension Beneficiary

You may name **one Monthly Pension Beneficiary** to receive a lifetime monthly benefit if you die before retiring and are vested.

Other than a single-person trust, you must name an individual, not an estate or other entity.

Spouse: If you are married, your spouse is automatically your Monthly Pension Beneficiary. Please enter their information in this section in order for MERS to process claims quickly. If you wish to name someone other than your spouse, your spouse must sign in the "Spousal consent of forfeiture" in Section 5 to waive their rights.

*Minor children:* If you do not have a Monthly Pension Beneficiary, your benefit will be paid equally to your minor children until they reach age 21. If you have a named Monthly Pension Beneficiary, minor children will not be paid. Do NOT enter them in this section unless you intend to designate one (only) as your Monthly Pension Beneficiary.

Single-person trust: If you wish to name a trust as a Monthly Pension Beneficiary, please complete the <u>Certification of Trust for Monthly Pension Beneficiary (Form DB-022)</u> and submit it along with this form. A trust may be named as a Monthly Pension Beneficiary only if the trust itself names only one natural person as its beneficiary.

#### 3. Defined Benefit - Primary beneficiary

If you die before vesting, there is no monthly benefit. However, you can name **one or more persons to receive a refund of any member contributions** that you may have. You may also name a trust. If you name multiple beneficiaries, the benefit will automatically be equally distributed. If you want to add more beneficiaries than the space allows, please attach a separate list that you have signed and dated.

If you are married, your spouse is automatically your primary beneficiary, followed by any minor children you may have at the time of death. If you wish to name someone other than your spouse or in addition to your spouse, your spouse must sign in the "Spousal consent of forfeiture" in Section 7 to waive their rights as the sole refund beneficiary.

If you wish to name a trust as your Defined Benefit Primary or Contingent Refund Beneficiary, please complete the <u>Certification of Trust (Form DB-022b)</u> and submit along with this form.

<sup>‡</sup> **Note:** If your death is duty-related, a monthly benefit is payable to your surviving spouse or minor children even if you are not vested.

#### 4. Defined Benefit - Contingent Beneficiary

If you die and there is no remaining Primary

**Beneficiary(ies)**, you can name one or more persons to receive a refund of any member contributions that you may have. You may also name a trust, estate or charity. If you name multiple beneficiaries, the benefit will automatically be equally distributed. If you want to add more beneficiaries than the space allows, please attach a separate list that you have signed and dated.

#### 5. Defined Contribution - Primary Beneficiary

If you are married, your spouse is automatically your primary beneficiary. If you wish to name someone other than your spouse, your spouse must sign in the "Spousal consent of forfeiture" in Section 7 to waive his or her rights.

You may also name a trust. If you name multiple beneficiaries, the benefit will automatically be equally distributed. If you want to add more beneficiaries than the space allows, please attach a separate list that you have signed and dated.

If you wish to name a **trust** as a Defined Contribution Primary or Contingent Beneficiary, please submit the <u>Certification of Trust (Form DB-022b)</u> along with this form.

#### 6. Defined Contribution - Contingent beneficiary

In the event there is no remaining primary beneficiary(ies) upon your death, please designate your contingent beneficiary(ies).

### 7. Required signature

Your signature acknowledges that you have read and agree to the terms of this agreement. Submission of this form voids all prior designations of beneficiaries.

MERS will use the information listed on this form for identification and documentation only.

Spousal consent of forfeiture must be signed if you have designated anyone in place of or in addition to your spouse as a beneficiary in either Section 2, Section 3, or Section 5.

### Submitting this form:

## 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