

Hybrid Plan Beneficiary Designation Form

Please print clearly • See attached guide for details • Retain a copy for your records • Complete ALL sections of this form



Do this online!

Log into your myMERS account from www.mersofmich.com

1. Information about you

Last name*	First name*	MI	Last four digits of SSN*
Email address		Phone number (with area code)*	
Name of employer*			
Marital status* <input type="checkbox"/> Single <input type="checkbox"/> Married Check here if you have children under age 21: <input type="checkbox"/>			
Are you changing beneficiaries as a result of divorce or death? <input type="checkbox"/> Yes <input type="checkbox"/> No		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. Former beneficiary's (or spouse's) full name	

2. Defined Benefit portion – Monthly Pension Beneficiary

You may name **one (only) Monthly Pension Beneficiary** to receive a lifetime monthly benefit if you die before retiring and **are vested**, or if you die as a result of injury or illness arising from work duties. 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" box in Section 7 to waive their rights.

If you wish to name a **trust** as a Monthly Pension Beneficiary, please complete the [Certification of Trust for Monthly Pension Beneficiary \(Form DB-022\)](#) 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.

Full name (spouse, if applicable)	Gender	Relationship	SSN	Date of birth (mm/dd/yyyy)

For additional information about who can be named Monthly Pension Beneficiary, see Guide.

3. Defined Benefit portion – Primary Beneficiary

If you die before vesting and there is no monthly benefit, you can name **one or more persons to receive a refund** (equally distributed) of any employee contributions that you may have. If you are married, your spouse is automatically your Primary Beneficiary and can be entered below. If you wish to name someone other than, or in addition to, your spouse, your spouse must sign the spousal consent in Section 7. If you wish to name a trust as your Primary or Contingent Refund Beneficiary, please complete the [Certification of Trust \(Form DB-022b\)](#) and submit along with this form.

Full name (spouse, if applicable)	Gender	Relationship	SSN	Date of birth (mm/dd/yyyy)

If you want to add more beneficiaries, please attach a separate list that you have signed and dated.

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Last name* (please print clearly)

Last four digits of SSN*

4. Defined Benefit portion – Contingent Beneficiary

In the event there is **no remaining Primary Beneficiary(ies)** at the time of your death, you may designate one or more person(s) as a Contingent Beneficiary(ies) to receive a refund (equally distributed) of any member contributions you may have.

Designate name(s) of Contingent Beneficiary(ies) below. Name(s) below replace all prior designations (if any) of Contingent Beneficiary(ies).

Full name of Contingent Beneficiary	Gender	Relationship	SSN	Date of birth (mm/dd/yyyy)

If you want to add more beneficiaries, please attach a separate list that you have signed and dated.

5. Defined Contribution portion – Primary Beneficiary

If you are married, **your spouse is automatically your Primary Beneficiary (100%)** and can be listed below. If you want to name someone other than your spouse, include their information below, and your spouse must sign the spousal consent in Section 7.

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

I hereby designate the following person(s) as Primary Beneficiary(ies) of my account under the Defined Contribution portion of the plan if I should die prior to the payout of my account:

Name of primary beneficiary (Spouse, if applicable)	Relationship	SSN	Date of birth (mm/dd/yyyy)	Percentage

If you want to add more beneficiaries, please attach a separate list that you have signed and dated.

Must equal 100%

6. Defined Contribution portion – Contingent Beneficiary

In the event there is no remaining Primary Beneficiary(ies) at my death, I hereby designate the following person(s) as contingent beneficiary(ies) of my account under the Defined Contribution portion of the Plan.

Name of contingent beneficiary	Relationship	SSN	Date of birth (mm/dd/yyyy)	Percentage

If you want to add more beneficiaries, please attach a separate list that you have signed and dated.

Must equal 100%

7. Required signature

Spousal consent of forfeiture (if applicable):

I have read this form and fully understand and agree with my spouse's election. If another individual is named as a beneficiary in Sections 2, 3, or 5 in place of or in addition to me, I understand that I am relinquishing ("giving up") my automatic right, as the member's spouse, to those benefits.

Signature of spouse	Spouse full name (please print clearly)	Date (mm/dd/yyyy)
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Participant signature:

I have completed, understand, and agree to all pages of this *Hybrid Plan Beneficiary Designation Form* and guide. By submitting this form, I hereby revoke all prior beneficiary designations (if any).

Participant name (please print clearly)*	
Participant signature*	Date (mm/dd/yyyy)*

* Required field

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 [Certification of Trust for Monthly Pension Beneficiary \(Form DB-022\)](#) 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 [Certification of Trust \(Form DB-022b\)](#) and submit along with this form.

[‡] **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 [Certification of Trust \(Form DB-022b\)](#) 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