



Beneficiary Designation (for Defined Contribution, 457, and Defined Contribution PLUS)

Please print clearly • Retain a copy for your records

1. Information about your employer

Name of employer*	Municipality number (4 digits)*
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Your 6-digit Division code can be found on your quarterly statements. Include numbers for each program you are making changes to.

<input type="checkbox"/> Defined Contribution – Division Code	<input type="checkbox"/> 457 – Division Code	<input type="checkbox"/> Defined Contribution PLUS – Division Code
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2. Information about you

Last name*	First name*	MI	Social Security Number*
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Email address

Marital status* Single Married

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
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3. Defined Contribution Primary Beneficiary

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

I hereby designate the following as Primary Beneficiary(ies) of my account under the program if I should die prior to the payout of my account.

Name of Primary Beneficiary* (Spouse, if applicable)	Relationship*	Social Security Number*	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%

Spousal consent of forfeiture (if applicable):

By my signature, I voluntarily and knowingly forfeit ("give up") my automatic right to be my spouse's Primary Beneficiary.

Signature of spouse	Spouse full name (please print clearly)	Date (mm/dd/yyyy)
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4. Defined Contribution Contingent Beneficiary

In the event there is no living Primary Beneficiary(ies) at my death, I hereby designate the following person(s) as Contingent Beneficiary(ies) of my account under the program.

Name of Contingent Beneficiary*	Relationship*	Social Security Number*	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%

* Required field

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5. 457 Primary Beneficiary

I hereby designate the following person(s) as Primary Beneficiary(ies) of my account if I should die prior to the payout of my account (457 does **not** require the Primary Beneficiary to be your spouse).

Please check box if you want 457 Primary Beneficiaries to be the same as Defined Contribution Primary Beneficiaries as listed in section 3. If box is checked, please do not fill out the table below.

Name of Primary Beneficiary*	Relationship*	Social Security Number*	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. 457 Contingent Beneficiary

In the event there is no living Primary Beneficiary(ies) at my death, I hereby designate the following person(s) as Contingent Beneficiary(ies) of my account.

Please check box if you want 457 Contingent Beneficiaries to be the same as Defined Contribution Contingent Beneficiaries as listed in section 4. If box is checked, please do not fill out the table below.

Name of Contingent Beneficiary*	Relationship*	Social Security Number*	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

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

Participant signature*	Date (mm/dd/yyyy)*
Participant name (please print clearly)*	Last four digits of SSN*

* Required field

Step-by-Step Guide to Completing the Beneficiary Designation form

Use this form to assign beneficiaries to Defined Contribution, 457, or Defined Contribution PLUS programs. 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 your employer

Missing or incorrect information in this section may delay processing. You can get all of this information from your employer. Your six-digit division code can be found on your quarterly statements (it may be called either "Division Code" or "Plan #"). Please provide division code(s) for each program you are changing with this form.

2. Information about you

If you are changing your beneficiary due to divorce or death, check the "Yes" or "No" box. If you check the "Yes" box, 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. Be sure to enter your spouse's full legal name.

If you are completing this form for the first time or have made recent changes to your personal information, please be sure to complete the *Personal Information Form (MD-001)*. You can download the form at www.mersofmich.com or call 800.767.6377 to have a form mailed to you.

3. Defined Contribution primary beneficiary

If you are married, your spouse is always your Primary Beneficiary (100%). Enter his or her name and information in the table and 100% percent of benefit to be paid.

If you wish to name someone other than your spouse (or in addition), your spouse must sign in the "*Spousal consent of forfeiture*" box to waive his or her rights.

If listing more than one person, the percentage total must equal 100%.

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

4. Defined Contribution Contingent Beneficiary

In the event there is no Primary Beneficiary(ies) upon your death, please designate your Contingent Beneficiary(ies). Please list their name, relationship to you, Social Security Number, date of birth, and the percentage each person is to receive. If listing more than one person, the percentage total must equal 100%.

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

5. 457 Primary Beneficiary

If you are married, your spouse is **not** required to be your Primary Beneficiary.

Enter the legal name, relationship to you, Social Security Number, date of birth, and the percentage each person is to receive. If listing more than one person, the percentage total must equal 100%.

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

6. 457 Contingent Beneficiary

In the event there is no Primary Beneficiary(ies) upon your death, please designate your Contingent Beneficiary(ies). Please list their name, relationship to you, Social Security Number, date of birth, and the percentage they are to receive. If listing more than one person, the percentage total must equal 100%.

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

7. Required signature*

Your signature acknowledges that you have read and agree to the terms of this agreement. Your signature voids all prior designations of beneficiaries (if any).

MERS will only use the information listed on this form for identification and documentation only. Your Social Security numbers are classified information and will not be shared without your written consent.

You can submit this form online! 

If you already have a myMERS account, you can also upload this form online. Look for the **File Upload** feature in the top navigation to easily and securely submit completed forms.

You may also mail completed form to MERS' recordkeeper at:

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