

# Option D Beneficiary Selection Form

Last Revision May 2016

Member's Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Member ID# \_\_\_\_\_

I, (Print Name): \_\_\_\_\_, hereby nominate the beneficiary\* listed below to receive from the Boston Retirement System, pursuant to G.L c. 32, § 12(2)(d), a benefit equal to the Option C retirement allowance, which would otherwise have been payable to me, in the event that I die before being retired. I understand that I may change my beneficiary designation at any time prior to my retirement and that upon my retirement this form becomes void.

I further understand that this choice of Option D Beneficiary may be superseded if I leave a spouse to whom I have been married for at least one year and with whom I am living with on the date of my death, or if living apart for justifiable cause, and I have at least two years of creditable service.

### Choose ONE Eligible Beneficiary:

- Spouse     Former Spouse (not remarried)     Child     Sibling     Parent

Name of Eligible Beneficiary \_\_\_\_\_

Beneficiary Date of Birth (*Attach birth record*) \_\_\_\_\_ Beneficiary SSN \_\_\_\_\_

Beneficiary Address \_\_\_\_\_

Beneficiary Email \_\_\_\_\_ Beneficiary Phone \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member Email: \_\_\_\_\_ Member Phone: \_\_\_\_\_

To be completed by witness to member signature above. The designated beneficiary *may not* witness.

Witness' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness' Name (Print): \_\_\_\_\_

*\*An eligible beneficiary is defined as the spouse, former spouse who has not remarried, child, parent or sibling of the member.*

