

Beneficiary Selection Form

(If Member Dies Before Retirement)

Retirement Board

Franklin Regional Retirement System
278 Main Street, Suite 311
Greenfield, MA 01301

413-774-4837

CHOICE OF BENEFICIARY TO RECEIVE ACCUMULATED TOTAL DEDUCTIONS AT MEMBER'S DEATH (Lump-sum payout)

I, (Print Name) _____, SSN _____, hereby request the Board of Retirement to pay any sum referred to in G.L. c. 32, § 11(2)* due at my death to the following beneficiary or beneficiaries in the proportions designated. My selection may be superseded by an Option D (see Option D page) selection under G.L. c. 32 § 12(2)(d) or if I die leaving an eligible spouse who elects to receive a monthly benefit. 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.

*The types of payments covered under G.L. c. 32 § 11(2) include:

- The payment of the accumulated deductions credited to a member's account in the annuity savings fund at the date of death when the member's death occurs prior to his/her retirement.
- The amount of any uncashed checks payable to a member at his or her death.

Any person or entity may be a beneficiary under G.L. c. 32 § 11(2). Give complete name and address of each beneficiary below (use reverse side if needed):

Primary Beneficiaries

Proportion to be paid

Name _____ TIN/SSN _____ | _____%

Address _____

(In the event that this person/entity becomes deceased/disbanded, please use the next page for further instructions)

Name _____ TIN/SSN _____ | _____%

Address _____

(In the event that this person/entity becomes deceased/disbanded, please use the next page for further instructions)

Name _____ TIN/SSN _____ | _____%

Address _____

(In the event that this person/entity becomes deceased/disbanded, please use the next page for further instructions)

Member's Signature (required): _____ **Date** _____

Member's email address for FRRS to send message confirming receipt of this form: _____

Signature of Witness (required): _____

Witness of Member's Signature (above).

Name of Witness (Print): _____

Member Name | _____ | SSN Last 4 | _____ |
(In case this page gets lost)

Additional/Alternate/Secondary Beneficiaries

Name | _____ | TIN/SSN | _____ |
Address | _____ |
Notes | _____ | **Proportion** | _____ %

Name | _____ | TIN/SSN | _____ |
Address | _____ |
Notes | _____ | **Proportion** | _____ %

Name | _____ | TIN/SSN | _____ |
Address | _____ |
Notes | _____ | **Proportion** | _____ %

Name | _____ | TIN/SSN | _____ |
Address | _____ |
Notes | _____ | **Proportion** | _____ %

Name | _____ | TIN/SSN | _____ |
Address | _____ |
Notes | _____ | **Proportion** | _____ %

Name | _____ | TIN/SSN | _____ |
Address | _____ |
Notes | _____ | **Proportion** | _____ %

Name | _____ | TIN/SSN | _____ |
Address | _____ |
Notes | _____ | **Proportion** | _____ %

Attention: This is a separate option that you may wish to choose.

CHOICE OF OPTION (D) BENEFICIARY (Monthly benefit)

I, (Print Name) | _____ |, SSN | _____ |, hereby nominate the beneficiary* listed below, under the provisions of G.L. c. 32, § 12(2)(d) to receive from the retirement system 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 understand that this choice of Option D Beneficiary can be superseded if, at my death, I leave a spouse to whom I have been married for over one year and with whom I am living on the date of my death or if living apart, for justifiable cause as determined by the Retirement Board.

* An eligible beneficiary is defined under G.L. c. 32, § 12(2)(d) as the spouse, former spouse who has not remarried, child, father, mother, sister or brother of the member.

BENEFICIARY

| _____ |
Name of Eligible Beneficiary

- Spouse Former Spouse who has not remarried
 Child Father Mother Sister Brother

| _____ |
Beneficiary's Date of Birth (Attach birth record)

| _____ |
Beneficiary's Social Security #

Notice: This section is null and void if not signed and witnessed.

MEMBER

Member's Signature: _____ **Date** _____
(required only if choosing Option D)

Member's email address for FRRS to send message confirming receipt of this form: _____

Witness' Signature: _____

Witness of Member's Signature (above). (required only if choosing Option D)

Witness' Name (Print): | _____ |
(required only if choosing Option D)