MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF MICHIGAN

BENEFICIARY CHANGE REQUEST
(For Refund of Accumulated Contributions Where No Retirement Allowance is Payable Upon Member's Death)

RETURN TO: Municipal Employees' Retirements System of Michigan
447 North Canal Road
Lansing, MI 48917

STATUS (CHECK ONE) ☐ ACTIVE ☐ RETIRED

RETIREES PLEASE NOTE: DO NOT COMPLETE THIS FORM IF YOU RETIRED UNDER FORM OF PAYMENT OPTIONS II, IIA, OR III. YOU CANNOT DESIGNATE A NEW BENEFICIARY UNDER THESE OPTIONS.

Municipality				Municipality No.
Member's Name (Last, First, Middle)	Social Security No. *	Gender ☐ Male ☐ Female	Date of Birth (MM, DD, YY)	Place of Birth (City, State or County)
Street Address or P.O. Box	City		State	Zip Code
Spouse's Name	Spouse's Date of Birth		Daytime Phone No.	

CHANGE OF NOMINATION OF REFUND BENEFICIARY: IF OTHER THAN YOUR SPOUSE, YOUR SPOUSE MUST CONSENT IN WRITING.

I revoke and cancel my previous nomination of refund beneficiary. If no retirement allowance becomes payable on my death, I direct the Municipal Employees' Retirement System to pay any accumulated contributions standing to my credit to the following beneficiary:

Name of Refund Beneficiary (Last, First, Middle)	Relationship Spouse ☐ Parent ☐ Child ☐ Other ☐	Gender ☐ Male ☐ Female	Social Security No. *	Date of Birth (MM, DD, YY)
Street Address	City		State	Zip Code

IF LIVING, OTHERWISE TO:
(ACTIVE MEMBERS ONLY MAY NAME CONTINGENT BENEFICIARY)

Name of Contingent Refund Beneficiary (Last, First, Middle)	Relationship Spouse ☐ Parent ☐ Child ☐ Other ☐	Gender ☐ Male ☐ Female	Social Security No. *	Date of Birth (MM, DD, YY)
Street Address	City		State	Zip Code

I DECLARE THE ABOVE STATEMENTS TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signature of Witness Date Signature of Member Date

IF YOU ARE MARRIED AND HAVE NOT SELECTED YOUR SPOUSE AS REFUND BENEFICIARY, YOUR SPOUSE MUST SIGN BELOW.

Signature of Spouse (required, if married)	Date
By my signature, I forfeit ("give up") my automatic right to be refund beneficiary. I agree with my spouse's designation of the above individual(s) as refund beneficiary instead of me.	

BENEFICIARY DESIGNATIONS WILL NOT BE CHANGED UNLES THIS FORM IS COMPLETED AND RETURNED.

*Protected information required for tax and actuarial purposes

If you have speech or hearing difficulties and need assistance completing this form, contact the Michigan Relay Center at 1-800-649-3777. If you have other disabilities, contact MERS at 1-517-622-4401 or 1-800-767-6377 to request special accommodations.