

## **Introduction**

### **Beneficiary Change Form (Option B)**

### **(If Member Dies After Retirement)**

---

The *Beneficiary Change Form* allows a retired member to select a beneficiary(ies) to receive payment of any accumulated deductions remaining in his/her account when the member dies after retirement. Keep in mind:

- In order to select a Beneficiary to Receive a Return of Accumulated Total Deductions at Member's Death or a Option(D) Beneficiary, use the Beneficiary Selection Form (If Member Dies Before Retirement).
- Any person, persons or entity can be named as an Option(B) beneficiary.
- Your selection on this form will supersede any earlier beneficiary(ies) selected.
- If you divorce or your personal situation changes, you may wish to file a new form with your retirement board.



## Beneficiary Change Form (Option B) (If Member Dies After Retirement)

<b>Retirement Board:</b> Please place your address and phone number here. ▶	SPRINGFIELD RETIREMENT SYSTEM 70 TAPLEY STREET SPRINGFIELD, MA 01104  PHONE: 413-787-6090      FAX: 413-787-6046
---	--

### Choice of Beneficiary to Receive a Return of Accumulated Total Deductions Remaining in a Member's Annuity Account at Member's Death

I, (Print Name) , a retired member of the  Retirement System hereby request the Board of Retirement to pay any sum referred to in G.L. c. 32, § 12(2)(b)\* due at my death to the following beneficiary or beneficiaries in the proportions designated.

I understand that I may change my beneficiary designation at any time by filing a new *Beneficiary Change Form (Option B)*.

\*The types of payments covered under G.L. c. 32, § 12(2)(b) include:

- The payment of any accumulated deductions credited to a retired member's account in the annuity reserve fund at the date of death when the member's death occurs after his/her retirement.
- The amount of any uncashed checks payable to a retired member at his or her death.
- Any person or entity may be a beneficiary under G.L. c. 32, § 12(2)(b). Give complete name and address of each beneficiary below:

		Proportion To Be Paid
Name	<input type="text"/> SSN <input type="text"/>	<input type="text"/>
Address	<input type="text"/>	Relationship: _____
Name	<input type="text"/> SSN <input type="text"/>	<input type="text"/>
Address	<input type="text"/>	Relationship: _____
Name	<input type="text"/> SSN <input type="text"/>	<input type="text"/>
Address	<input type="text"/>	Relationship: _____
Name	<input type="text"/> SSN <input type="text"/>	<input type="text"/>
Address	<input type="text"/>	Relationship: _____

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Member's Address

**\*\*\* If mailing form back your signature MUST be notarized\*\*\***

