

Beneficiary Designation (for Defined Contribution or 457 programs)

Please print clearly • Retain a copy for your records

Use this form to assign beneficiaries to Defined Contribution or 457 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.

Naming a trust, estate, or charitable organization:

- Enter name of the trust, estate, or charity in the beneficiary name filed on this form.
- If naming a charity, enter the Tax ID number in the space provided.
- If naming a Trust, you are required to complete and submit the Certification of Trust (DB-022b) with this form. If the Certification of Trust is not returned, your form will be considered incomplete.

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?

Yes 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

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/Entity* (Spouse, if applicable)	Relationship*	SSN/Tax ID*	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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* Required field

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

Last name* (please print clearly)

Social Security Number*

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/Entity*	Relationship*	SSN/Tax ID*	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%

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/Entity*	Relationship*	SSN/Tax ID*	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/Entity*	Relationship*	SSN/Tax ID*	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

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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