

**NOMINATION OR CHANGE OF BENEFICIARY**

Member Name: \_\_\_\_\_ Pension #: \_\_\_\_\_

SSN: \_\_\_\_\_ Date: \_\_\_\_\_

The following change of nomination of beneficiary shall be applied to the following plans and benefits (please initial):

\_\_\_\_\_ Mandatory Defined Benefit Plan      \_\_\_\_\_ Voluntary Defined Contribution Plan (Annuity Savings Fund)

*Note: If you elect to change beneficiaries for only one of the above plans, any previously appointed beneficiary for the remaining plan will still apply.*

The undersigned hereby knowingly and voluntarily revokes and cancels my previous nomination of beneficiary for the return of accumulated contributions standing to my credit in the event of my death prior to retirement, except in the case of Duty Death.

In accordance with the foregoing, in the event of my death, I direct the Board of Trustees for the Retirement Systems City of Detroit to pay the accumulated contributions standing to my credit and any interest accrued thereon to:

<b>PRIMARY BENEFICIARY 1</b>			
Name _____		Address _____	
Last 4 digits of SSN _____		City _____	State _____ Zip _____
Date of Birth _____		Relationship _____	% of Distribution _____
<b>PRIMARY BENEFICIARY 2</b>			
Name _____		Address _____	
Last 4 digits of SSN _____		City _____	State _____ Zip _____
Date of Birth _____		Relationship _____	% of Distribution _____

(Continue to following page)

If there are no surviving primary beneficiaries at the time of my death, distributions shall be paid to:

**CONTINGENT BENEFICIARY 1**

_____		_____		
Name		Address		
_____		_____		
Last 4 digits of SSN		City	State	Zip
_____		_____		_____
Date of Birth		Relationship	% of Distribution	

**CONTINGENT BENEFICIARY 2**

_____		_____		
Name		Address		
_____		_____		
Last 4 digits of SSN		City	State	Zip
_____		_____		_____
Date of Birth		Relationship	% of Distribution	

If no beneficiaries are living at the time of my death, then distributions shall be paid to my estate.

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

Address of Member: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Address of Witness: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_