

Beneficiary Selection Form (Lump Sum)

Last Revision: May 2016

BOSTON RETIREMENT SYSTEM

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I, (Print Name): _____, a member of the Boston Retirement System (BRS), hereby request the BRS 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My selection may be superseded by a selection under G.L. c. 32, § 12(2)(d) or if I die leaving an eligible spouse who elects to receive a monthly benefit.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 may change my beneficiary designation at any time.

I understand that my accumulated deductions in my account will be paid to my beneficiary(ies) if my death occurs prior to my retirement.

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

Designated Beneficiary(ies) - PRIMARY

Percentage
(total must equal 100%)

Name: _____ SSN: _____

Address: _____

Relationship: _____ DOB: _____

Phone: _____ Email: _____ %

Name: _____ SSN: _____

Address: _____

Relationship: _____ DOB: _____

Phone: _____ Email: _____ %

Name: _____ SSN: _____

Address: _____

Relationship: _____ DOB: _____

Phone: _____ Email: _____ %

Name: _____ SSN: _____

Address: _____

Relationship: _____ DOB: _____

Phone: _____ Email: _____ %



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Member's Last Name _____ First _____ M.I. _____ Member ID# _____

Designated Beneficiary(ies) – CONTINGENT – (OPTIONAL)

Percentage
(total must equal 100%)

Name: _____ SSN: _____
Address: _____
Relationship: _____ DOB: _____
Phone: _____ Email: _____ %

Name: _____ SSN: _____
Address: _____
Relationship: _____ DOB: _____
Phone: _____ Email: _____ %

Name: _____ SSN: _____
Address: _____
Relationship: _____ DOB: _____
Phone: _____ Email: _____ %

Name: _____ SSN: _____
Address: _____
Relationship: _____ DOB: _____
Phone: _____ Email: _____ %

Member Signature: _____ Date: _____
Member Address: _____

To be completed by witness (or BRS Staff) to member signature above. A designated beneficiary **cannot** witness form.

Signature of Witness: _____ Date: _____

Name of Witness (Print): _____