

## **Option D Beneficiary Selection Form (If Member Dies Before Retirement)**

Last Revision: May 2016

---

### **BOSTON RETIREMENT SYSTEM**

Boston City Hall, Room 816

Boston, MA 02201

**Tel:** 617-635-4311

**Fax:** 617-635-4318

**Website:** [cityofboston.gov/retirement](http://cityofboston.gov/retirement)

---

The *Option D Beneficiary Selection Form* allows a member to select one eligible beneficiary to receive a retirement allowance for life, should the member die before retirement.

Keep in mind:

- An eligible beneficiary- for benefits under G.L c. 32, § 12(2)(d) (“Option D”) is a spouse, former spouse who has not remarried, child, father, mother, sister or brother of the member.
- Your selection on this form may be superseded by an eligible spouse under the provisions of G.L. c. 32, § 12(2)(d) if you die before retirement.
- Should you nominate a person for an Option D benefit, they are ineligible for a lump sum benefit under § 11(2).
- You may update or change this beneficiary selection at any time.
- If you have any questions regarding this option, please contact a member services representative.

# Option D Beneficiary Selection Form

Last Revision: May 2016

---

Member's Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Member ID# \_\_\_\_\_

---

I, (Print Name): \_\_\_\_\_, hereby nominate the beneficiary\* listed below to receive from the Boston Retirement System, pursuant to G.L c. 32, § 12(2)(d), a benefit equal to the Option C retirement allowance, which would otherwise have been payable to me, in the event that I die before being retired. I understand that I may change my beneficiary designation at any time prior to my retirement and that upon my retirement this form becomes void.

I further understand that this choice of Option D Beneficiary may be superseded if I leave a spouse to whom I have been married for at least one year and with whom I am living with on the date of my death, or if living apart for justifiable cause, and I have at least two years of creditable service.

### Choose ONE Eligible Beneficiary:

Spouse     Former Spouse (not remarried)     Child     Sibling     Parent

---

Name of Eligible Beneficiary \_\_\_\_\_

---

Beneficiary Date of Birth (*Attach birth record*) \_\_\_\_\_

---

Beneficiary SSN \_\_\_\_\_

---

Beneficiary Address \_\_\_\_\_

---

Beneficiary Email \_\_\_\_\_

---

Beneficiary Phone \_\_\_\_\_

---

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

Member Email: \_\_\_\_\_ Member Phone: \_\_\_\_\_

To be completed by witness to member signature above. The designated beneficiary **may not** witness.

Witness' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness' Name (Print): \_\_\_\_\_

*\*An eligible beneficiary is defined as the spouse, former spouse who has not remarried, child, parent or sibling of the member.*

