



Defined Benefit Beneficiary Change Request Form

Please print • See attached guide for details • Retain a copy for your records • Complete ALL sections of this form

1. Information about you

| | | | |
|-------------------|-------------|--------------------------------|--------------------------|
| Last name* | First name* | MI | Last four digits of SSN* |
| Email address | | Phone number (with area code)* | |
| Mailing address* | City* | State* | Zip code* |
| Name of employer* | | | |

Marital status* Single Married Check here if you have children under age 21:

| | |
|--|---|
| Are you changing beneficiaries as a result of divorce or spouse's death? <input type="checkbox"/> Yes <input type="checkbox"/> No | If "Yes," include a complete copy of the judgment of divorce and any Eligible Domestic Relations Order (EDRO), or death certificate. Your spouse will remain on account until documentation is received. Former spouse's full name |
|--|---|

2. Monthly Pension Beneficiary

You may name **one (only) Monthly Pension Beneficiary** to receive a lifetime monthly benefit if you die before retiring and **are vested**, or if you die as a result of injury or illness arising from work duties. If you are married, **your spouse is automatically your Monthly Pension Beneficiary**. Please enter their information in this section in order for The City to process claims quickly. If you wish to name someone other than your spouse, your spouse must sign in the "Spousal consent of forfeiture" box in Section 5 to waive their rights.

If you wish to name a trust as a Monthly Pension Beneficiary, please complete the [Certification of Trust for Monthly Pension Beneficiary \(Form DB-022\)](#) and submit it along with this form. A trust may be named as a Monthly Pension Beneficiary only if the trust itself names only one natural person as its beneficiary.

| Full name (spouse, if applicable) | Gender | Relationship | SSN | Date of birth (mm/dd/yyyy) |
|---|--------|--------------|-----|---|
| | | | | |
| Address: ➤ | | | | Phone: ➤ |

If you want to add more beneficiaries, please attach a separate list that you have signed and dated.

* Required field

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Last name* (please print clearly)

Last four digits of SSN*

3. Primary Refund Beneficiary

If you die **before** vesting and there is no monthly benefit, you can name **one or more persons to receive a refund** (equally distributed) of any employee contributions (with interest) you may have. If you are married, **your spouse is automatically your Primary Refund Beneficiary**. (You do not need to enter spouse information if you already entered it in section 2.) If you wish to name someone other than, or in addition to, your spouse, your spouse must sign the spousal consent Section 5. If you wish to name a trust as your Primary or Contingent Refund Beneficiary, please complete the [Certification of Trust \(Form DB-022b\)](#) and submit along with this form.

List Primary Refund Beneficiary(ies) below. Name(s) listed below replace all prior designations (if any) of Primary Refund Beneficiary.

| Full name | Gender | Relationship | SSN | Date of birth (mm/dd/yyyy) |
|---|--------|--------------|-----|---|
| | | | | |
| Address: <input style="width: 90%;" type="text"/> | | | | Phone: <input style="width: 10%;" type="text"/> |
| | | | | |
| Address: <input style="width: 90%;" type="text"/> | | | | Phone: <input style="width: 10%;" type="text"/> |
| | | | | |
| Address: <input style="width: 90%;" type="text"/> | | | | Phone: <input style="width: 10%;" type="text"/> |

To add more beneficiaries, attach a separate list, signed and dated.

4. Contingent Refund Beneficiary

In the event there is **no remaining Primary Refund Beneficiary(ies)** at the time of your death, you may designate one or more person(s) as a Contingent Refund Beneficiary(ies) to receive a refund (equally distributed) of any member contributions (with interest) you may have. These cannot be the same as Primary or Survivor beneficiary(ies).

List Contingent Beneficiary(ies) below. Name(s) below replace all prior designations (if any) of Contingent Refund Beneficiary(ies).

| Full name | Gender | Relationship | SSN | Date of birth (mm/dd/yyyy) |
|---|--------|--------------|-----|---|
| | | | | |
| Address: <input style="width: 90%;" type="text"/> | | | | Phone: <input style="width: 10%;" type="text"/> |
| | | | | |
| Address: <input style="width: 90%;" type="text"/> | | | | Phone: <input style="width: 10%;" type="text"/> |
| | | | | |
| Address: <input style="width: 90%;" type="text"/> | | | | Phone: <input style="width: 10%;" type="text"/> |

To add more beneficiaries, attach a separate list, signed and dated.

5. Required signature(s)

Spousal consent of forfeiture (REQUIRED if married and naming someone other than spouse as Monthly Pension Beneficiary):

I have read this form and fully understand and agree with my spouse's election. If another individual is named beneficiary in Section 2 or 3, in place of or in addition to me, I understand that I am relinquishing ("giving up") my automatic right as the member's spouse, to benefits.

Signature of spouse

Spouse full name (please print clearly)

Date (mm/dd/yyyy)

Participant signature:

I have completed, understand, and agree to all pages of this *Defined Benefit Beneficiary Change Request Form* and guide. By submitting this form, I hereby revoke all prior beneficiary designations (if any).

Participant signature*

Date (mm/dd/yyyy)*

Participant name (please print clearly)*

* Required field

Step-by-Step Guide to Completing the Defined Benefit Beneficiary Change Request

Please print clearly. Fields with an asterisk (*) are required fields and must be completed to submit the form accurately.

1. Information about you

If you are changing your beneficiary due to divorce or death, check “Yes.” If due to a divorce, return a complete copy of the judgment of divorce and any Eligible Domestic Relations Order (EDRO) entered by the court along with this form. If due to death of a spouse, please include a death certificate.

2. Monthly Pension Beneficiary

You may name **one Monthly Pension Beneficiary** to receive a lifetime monthly benefit if you die before retiring and are vested.

Other than a single-person trust, you must name an individual, not an estate or other entity.

Spouse: If you are married, your spouse is automatically your Monthly Pension Beneficiary. Please enter their information in this section in order for The City to process claims quickly. If you wish to name someone other than your spouse, your spouse must sign in the “*Spousal consent of forfeiture*” in Section 5 to waive their rights.

Minor children: If you do not have a Monthly Pension Beneficiary, your benefit will be paid equally to your minor children until they reach age 21. If you have a named Monthly Pension Beneficiary, minor children will not be paid. Do NOT enter them in this section unless you intend to designate one (only) as your Monthly Pension Beneficiary.

Single-person trust: If you wish to name a trust as a Monthly Pension Beneficiary, please complete the [Certification of Trust for Monthly Pension Beneficiary \(Form DB-022\)](#) and submit it along with this form. A trust may be named as a Monthly Pension Beneficiary only if the trust itself names only one natural person as its beneficiary.

3. Primary Refund Beneficiary

If you die BEFORE vesting, there is no monthly benefit.[‡] However, you can name **one or more persons to receive a refund of any member contributions** (and interest) that you may have.

You may also name a trust, estate or charity. If you name multiple beneficiaries, the benefit will automatically be equally distributed. If you want to add more beneficiaries than the space allows, please attach a separate list that you have signed and dated.

If you are married, your spouse is automatically your Primary Refund Beneficiary. If you wish to name someone other than your spouse or in addition to your spouse, your spouse must sign the “*Spousal consent*

of forfeiture” in Section 5 to waive their rights as the sole refund beneficiary. If you wish to name a trust as your Primary or Contingent Refund Beneficiary, please complete the [Certification of Trust \(Form DB-022b\)](#) and submit along with this form.

[‡] **Note:** If your death is duty-related, a monthly benefit is payable to your surviving spouse or minor children even if you are not vested.

4. Contingent Refund Beneficiary

If you die and there is **no remaining Primary Beneficiary(ies)**, you can name one or more persons to receive a refund of any member contributions (plus interest) that you may have.

You may also name a trust, estate or charity. If you name multiple beneficiaries, the benefit will automatically be equally distributed.

If you want to add more beneficiaries than the space allows, please attach a separate list that you have signed and dated.

5. Required signature

Your signature acknowledges that you have read and agree to the terms of this agreement. Submission of this form voids all prior designations of beneficiaries.

The City will use the information listed on this form for identification and documentation only.

Spousal consent of forfeiture must be signed if you have designated anyone in place of or in addition to your spouse as a beneficiary in either Section 2 or Section 3.

Please mail completed form to:

**City of Escanaba
Controller’s Office**
PO Box 948
410 Ludington St
Escanaba, MI 49829-0948