

## *City of Ann Arbor Employees' Retirement System*

### **Designation of Beneficiary**

There are a number of times throughout employment when a beneficiary selection should be made:

**Upon Employment.** At the time of hire, you will designate a primary beneficiary (or beneficiaries) and a contingent beneficiary who will be eligible to receive the accumulated contributions (your employee contributions and applicable interest) in your retirement account in the event of your death prior to your retirement and prior to vesting. You may designate one or more individuals or a trust for a refund of your accumulated contributions. **[Please complete Section I to designate a beneficiary (ies) for a refund of your accumulated contributions in the event of your death and there being no other benefits payable from the Retirement System. Please note that you have the option to make a “Per Stirpes” designation for your contributions. This means that if your beneficiary predeceases you, the benefit can automatically be paid to any surviving children of that beneficiary. This only applies to contributions.]**

**Upon Vesting.** When you have 5 years of “vested” service in the Retirement System (*or 10 years if hired on or after July 1, 2011, or such later date as is specified in your collective bargaining agreement*), there are additional benefits available to you and your designated beneficiary.

1. **OPTION II ELECTION.** You may designate someone as your Option II Beneficiary. In the event of a non-duty related death prior to retirement, your designated Option II beneficiary will be paid a reduced retirement allowance to be continued throughout his/her life as if you had retired on the day preceding your date of death. The retirement allowance includes your accumulated contributions. You can only designate one individual (e.g., current spouse, former spouse, child, etc.) as an Option II beneficiary; however, you can designate an Option II contingent beneficiary in the event your designated beneficiary should predecease you. A trust does not qualify as an Option II beneficiary. **[Please complete Section III to designate an Option II beneficiary].**
2. **80% PRESENT VALUE ELECTION.** If (i) you do not have an Option II election in place at the time of a non-duty related death and ARE NOT survived by a current spouse, OR (ii) you affirmatively elect this option; a lump sum equal to 80% of the actuarial present value of your accrued Normal Retirement Allowance shall be paid to your designated legal representative. Such actuarial present value is calculated as if you had retired on the day preceding your date of death and shall not be less than your accumulated contributions. Your designated legal representative may be an individual or individuals in equal or designated shares. Your designated legal representative may also be the trustee or successor trustee of a named trust. **[If you choose to affirmatively elect this option, please complete Section IV to designate a legal representative. Please note that you have the option to make a “Per Stirpes” designation for your contributions. This means if your beneficiary predeceases you, the benefit can automatically be paid to any surviving children of that beneficiary].**
3. **AUTO SURVIVING SPOUSE BENEFIT.** If you do not have an Option II or 80% Present Value election in place at the time of a non-duty related death, and you are survived by a current spouse, your spouse would receive an automatic Option II Benefit allowance to be continued throughout their life as if you had retired on the day preceding your date of death. The retirement allowance includes your accumulated contributions. This benefit will be paid if you do not have an election in place, however, you may also specifically designate your spouse as your Option II beneficiary as described in paragraph 1 above and also designate a contingent beneficiary if your spouse were to predecease you.
4. **DUTY RELATED DEATH BENEFITS.** If your death results from your duty in the employ of the City or within three years of receiving a duty disability retirement for the same injury or disease, then a number of benefits more fully described in Section 1:563 of the Retirement Ordinance may be payable by the Retirement System, including benefits

potentially payable to your surviving spouse, an Other Qualified Adult, or your children. Your accumulated contributions in such an instance would be refunded to your designated beneficiary or beneficiaries. **[Please complete Section II to designate a beneficiary (ies) for a refund of your accumulated contributions in the event of your duty related death. Please note that you have the option to make a “Per Stirpes” designation for your contributions. This means if your beneficiary predeceases you, the benefit can automatically be paid to any surviving children of that beneficiary].**

**Upon Vested Deferred Retirement.** If you are a vested deferred retiree and you die before designating a beneficiary under one of the optional forms of benefits offered under the Retirement System and prior to commencing benefits from the Retirement System, your designated beneficiary or beneficiaries will receive a refund of your accumulated contributions. **[Please complete Section I to designate a beneficiary (ies) for a refund of your accumulated contributions in the event of your death as a deferred vested retiree and prior to benefit commencement. Please note that you have the option to make a “Per Stirpes” designation for your contributions. This means if your beneficiary predeceases you, the benefit can automatically be paid to any surviving children of that beneficiary].**

**Upon Retirement** At the time of your Normal, Early, Disability or Deferred Vested Retirement, but not thereafter, you may elect to receive your benefit in several different optional forms and designate an appropriate beneficiary in such instance. The designation of a beneficiary at the time of retirement is irrevocable and can not be changed or modified in the event of divorce, remarriage or death. A single exception would be a court order declaring the election of a joint and survivor beneficiary null and void, in the case of a divorce. Please consult the Retirement System Staff prior to retirement to review your benefit options.

**If you marry or become divorced, or one of your beneficiaries dies, you may want to change your beneficiary designations. Please consult the Retirement System Staff if you need to change your beneficiary designation at any time.**

**I acknowledge that I have received a copy of the Retirement System’s “Employee Handbook”**

**MEMBER INFORMATION**

Name (print name in full)			Date of Birth	Social Security Number
Address (give street & number, city, state)			<input type="checkbox"/> Male	<input type="checkbox"/> Female
Place of Birth (Town or City, County, State/Country)			Service Area Employed In	
Title Designated on Payroll			Service Unit	
<b>City Employment Record</b> (Give all City service from the date you first started with the City)				
<b>Date Started</b>			<b>Temporary or Permanent?</b>	<b>Service Area / Unit Employed In</b>
Month	Day	Year		

**Please be sure to return Beneficiary Forms to the Retirement Office:**

City of Ann Arbor  
 Employees' Retirement System  
 532 S. Maple Rd.  
 Ann Arbor, MI 48103  
 Phone: (734) 794-6710 Fax: (734) 994-9205

**SECTION I. ACCUMULATED CONTRIBUTIONS - PRE-RETIREMENT AND PRE-VESTING BENEFICIARY(IES)**

**In the event of (a) my non-duty related death before retirement, or (b) my death prior to benefit commencement as a deferred vested retiree; and there being no other benefits being payable by the Retirement System, I hereby direct the Board of Trustees of the City of Ann Arbor Employees' Retirement System to pay the accumulated contributions standing to my credit to:**

**Primary Beneficiary(ies):**

_____	_____	_____
Name/Trust	SS #, if applicable	Date of Birth
_____	_____	_____
Address	Relationship	% of Distribution
_____	_____	_____
Name/Trust	SS #, if applicable	Date of Birth
_____	_____	_____
Address	Relationship	% of Distribution

**Contingent Beneficiary (ies):** If there are no surviving primary beneficiaries at the time of my death, distributions shall be paid to:

_____	_____	_____
Name/Trust	SS #, if applicable	Date of Birth
_____	_____	_____
Address	Relationship	
_____	_____ Check here if payments to be made to this deceased beneficiary's child(ren)	
_____	_____	_____
Name/Trust	SS #, if applicable	Date of Birth
_____	_____	_____
Address	Relationship	
_____	_____ Check here if payments to be made to this deceased beneficiary's child(ren)	
_____	_____	_____
Name/Trust	SS #, if applicable	Date of Birth
_____	_____	_____
Address	Relationship	
_____	_____ Check here if payments to be made to this deceased beneficiary's child(ren)	

\_\_\_\_\_  
Signature of Employee                                  Date                                  Signature of Witness                                  Date

**Note: If additional beneficiaries' spaces are needed please contact the Retirement System**

**SECTION II. ACCUMULATED CONTRIBUTIONS – DUTY DEATH**

**In the event of my duty related death before retirement,** I hereby direct the Board of Trustees of the City of Ann Arbor Employees' Retirement System to pay the accumulated contributions standing to my credit to:

**Primary Beneficiary (ies):**

Name/Trust	SS #, if applicable	Date of Birth
Address	Relationship	% of Distribution
Name/Trust	SS #, if applicable	Date of Birth
Address	Relationship	% of Distribution

**Contingent Beneficiary(ies):** If there are no surviving primary beneficiaries at the time of my death, distributions shall be paid to:

Name/Trust	SS #, if applicable	Date of Birth
Address	Relationship	
<input type="checkbox"/> Check here if payments to be made to this deceased beneficiary's child(ren)		
Name/Trust	SS #, if applicable	Date of Birth
Address	Relationship	
<input type="checkbox"/> Check here if payments to be made to this deceased beneficiary's child(ren)		
Name/Trust	SS #, if applicable	Date of Birth
Address	Relationship	
<input type="checkbox"/> Check here if payments to be made to this deceased beneficiary's child(ren)		
Name/Trust	SS #, if applicable	Date of Birth
Address	Relationship	
<input type="checkbox"/> Check here if payments to be made to this deceased beneficiary's child(ren)		

Signature of Employee	Date	Signature of Witness	Date
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### **SECTION III. DESIGNATION OF OPTION II BENEFICIARY**

**DO NOT COMPLETE THIS SECTION IF YOU ARE ELECTING THE 80% PRESENT VALUE ELECTION IN SECTION IV. BELOW**

**In the event of my non-duty related death before retirement,** I hereby direct the Board of Trustees of the City of Ann Arbor Employees' Retirement System to pay the Option II benefit payable upon my death to the following designated beneficiary:

**Primary Beneficiary:**

\_\_\_\_\_  
Name SS # Date of Birth

\_\_\_\_\_  
Address Relationship

**Contingent Beneficiary:** If the primary beneficiary does not survive me, my Option II designated beneficiary shall be:

\_\_\_\_\_  
Name SS # Date of Birth

\_\_\_\_\_  
Address Relationship

\_\_\_\_\_  
Signature of Employee Date Signature of Witness Date

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**SECTION IV. 80 % PRESENT VALUE ELECTION – DESIGNATION OF LEGAL REPRESENTATIVE**

**DO NOT COMPLETE THIS SECTION IF YOU ARE DESIGNATING AN OPTION II BENEFICIARY IN SECTION III. ABOVE.**

***In the event of my non-duty related death before retirement,*** I hereby direct the Board of Trustees of the City of Ann Arbor Employees' Retirement System to pay a lump sum equal to 80% of the actuarial present value of my accrued Normal Retirement Allowance to the following designated legal representative(s):

**Primary Legal Representative(s):**

_____ Name/Trust	_____ SS #, if applicable	_____ Date of Birth
_____ Address	_____ Relationship	_____ % of Distribution
_____ Name/Trust	_____ SS #, if applicable	_____ Date of Birth
_____ Address	_____ Relationship	_____ % of Distribution

**Contingent Legal Representative(s):** If there are no surviving primary legal representatives at the time of my death, distributions shall be paid to my contingent legal representative(s) designated as follows:

_____ Name/Trust	_____ SS #, if applicable	_____ Date of Birth
_____ Address	_____ Relationship	_____ % of Distribution
_____ Name/Trust	_____ SS #, if applicable	_____ Date of Birth
_____ Address	_____ Relationship	_____ % of Distribution

_____ Signature of Employee	_____ Date	_____ Signature of Witness	_____ Date
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**POST-RETIREMENT DEATH  
NOMINATION OF BENEFICIARY(IES)**

**In the event of my death after retirement and there being no further benefits otherwise payable from the Retirement System,** I hereby direct the Board of Trustees of the City of Ann Arbor Employees' Retirement System to pay the accumulated contributions standing to my credit to:

**Primary Beneficiary(ies):**

Name/Trust	SS #, if applicable	Date of Birth
Address	Relationship	% of Distribution
Name/Trust	SS #, if applicable	Date of Birth
Address	Relationship	% of Distribution

**Contingent Beneficiary(ies):** If there are no surviving primary beneficiaries at the time of my death, distributions shall be paid to:

Name/Trust	SS #, if applicable	Date of Birth
Address	Relationship	
<input type="checkbox"/> Check here if payments to be made to this deceased beneficiary's child(ren)		
Name/Trust	SS #, if applicable	Date of Birth
Address	Relationship	
<input type="checkbox"/> Check here if payments to be made to this deceased beneficiary's child(ren)		

Signature of Employee	Date	Signature of Witness	Date
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