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

BENEFICIARY INFORMATION FORM

(Complete in ink)

Name (print name in full)	Date of Birth	Social Security Number
Address (give street & number, city, state)	☐ Male	☐ Female
Place of Birth (Town or City, County, State/Country)	Service Area Employed In	
Title Designated on Payroll	Service Unit	

City Employment Record
(Give **all** City service from the date you first started with the City)

Date Started			Temporary or Permanent?	Service Area / Unit Employed In
Month	Day	Year		

NOMINATION OF PRIMARY BENEFICIARY(IES)

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 in event of my death before retirement to my:

Name _____ Social Security Number _____ Date of Birth _____

Address _____ Relationship _____ % of Distribution _____

Name _____ Social Security Number _____ Date of Birth _____

Address _____ Relationship _____ % of Distribution _____

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

Name _____ Social Security Number _____ Date of Birth _____

Address _____ Relationship _____

Signature of Employee _____ Date _____ Signature of Witness _____ Date _____

PLEASE RETURN THIS FORM TO THE RETIREMENT OFFICE