Introduction

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

Pursuant to Massachusetts General Laws, Chapter 32, Section 12(2)(d)

Form Last Revised: February, 2020

The Beneficiary Selection Form - Option D allows a member to select an eligible beneficiary to receive an allowance if the member dies before retirement. This is the Member Survivor allowance described at Massachusetts General Laws, Chapter 32, Section 12(2)(d) ("Option D").

The following needs to be kept in mind:

- This form must be filed with the retirement board.
- If you designate an eligible beneficiary on this form, and that beneficiary is living at the time of your
 death, the money in your annuity account will not be disbursed to anyone in a one-time, lump-sum
 payment, even if you have named them to receive such money on your Beneficiary Selection Form for
 Refund of Accumulated Deductions.
- You may name only one person as the Option D beneficiary. That one person may be your spouse, your former spouse who is not remarried at the time of your death, your child, your father, your mother, your sister or your brother.
- If you select a beneficiary other than the spouse to whom you are married at the time of your death, your selection on this form may be superseded by the eligible spouse under the provisions of Option D if you die before retirement.
- If your personal situation changes (e.g. divorce, a domestic relations order goes into effect, your beneficiary dies), you should file a new form with your retirement board.
- If you file a new Option D form with your retirement board, it will supersede any and all prior Option D
 forms previously filed by you.
- When you sign this form, it should be witnessed by a disinterested party.
- To cancel an Option D beneficiary designation prior to retirement, your written notice must be filed with the retirement board.
- This form becomes void upon your retirement.

Beneficiary Selection Form - Option D (If Member Dies Before Retirement) Pursuant to Massachusetts General Laws, Chapter 32, Section 12(2)(d) Form Last Revised: July, 2019

Signature:

letirement Board: Pleas	se enter you	retireme	nt board informa	tion here.	
			LINE RETIREME		
	Address:	11 PIER	CE STREET		
	City/Town:	BROOK	LINE	Zip Code:	02445
	Telephone:	(617) 73	0-2028	Fax:	(617) 730-2298
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Member's Last Name		Mei	mber's First Name		Social Security # (last fou
Street Address:					, , , , , , , , , , , , , , , , , , , ,
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