

# MACOMB COUNTY

## Human Resources and Labor Relations Department

1 South Main Street, 6<sup>th</sup> Floor, Mount Clemens, MI 48043 • Phone (586)469-5280 • Fax (586)469-6795

### **PENSION NOMINATION OF BENEFICIARY**

I hereby direct the Macomb County Employees Retirement System (MCERS) Board to distribute accumulated contributions in my Employees Pension Reserve account, in the event of my death before retirement, as follows:

#### **Section 1: Member Information**

Name (Last, First Middle Initial)	Social Security No.	Department
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#### **Section 2: Nomination of Primary Beneficiary**

Print Name (Last, First Middle Initial)	Social Security No.	Relationship to Member	Date of Birth	Gender
Street Address	City, State and Zip Code	Daytime Phone No. (       )		

#### **Section 3: Nomination of Contingent Beneficiary**

Print Name (Last, First Middle Initial)	Social Security No.	Relationship to Member	Date of Birth	Gender
Street Address	City, State and Zip Code	Daytime Phone No. (       )		

#### **Section 4: Spousal Acknowledgment, if not electing spouse as a beneficiary**

I, _____ (print name), acknowledge that I will <b>not</b> be entitled to accumulated contributions standing in the Member's Employees Pension Reserve account in the event of the Member's death before retirement.	
Spouse Signature	Date
Witness Signature (other than spouse)	Date

#### **Section 5: Member Acknowledgment**

I acknowledge the information on this form is true and accurate and that my nomination(s) will remain in effect until otherwise updated in writing with MCERS. I also acknowledge, should there be no designated beneficiary surviving the Member, the Member's accumulated contributions shall be paid to the Member's estate or legal representative.	
Member Signature	Date
Witness Signature (other than spouse)	Date