

MACOMB COUNTY

Human Resources and Labor Relations Department

1 South Main Street, 6th Floor, Mount Clemens, MI 48043 • Phone (586)469-5280 • Fax (586)469-6974

401a NOMINATION OF BENEFICIARY

As a 401(a)/Defined Contribution Plan member and as according to established vesting guidelines stated in a collective bargaining agreement or County Policy, I hereby direct the Retirement Board of the Macomb County Employees' Retirement System to pay the one-time \$1,000.00 payment in the event of my death to:

PRIMARY BENEFICIARY

(Employee Last Name) (First Name) (M.I.) (Employee ID Number)

(Full Name of Beneficiary) (Relationship of Beneficiary)

(Date of Birth) (Address of Beneficiary)

CONTINGENT BENEFICIARY

(Full Name of Contingent Beneficiary) (Relationship of Contingent Beneficiary)

(Date of Birth) (Address of Contingent Beneficiary)

If you are married and DID NOT select your spouse as your beneficiary, your spouse must sign below:

(Print Spouse's Name) (Spouse's Signature) (Date)

Dated on this _____ day of _____ 20 _____

(Signature of Employee)

(Signature of Witness)