

# 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

### **DEFERRED RETIREMENT OPTION PLAN BENEFICIARY**

I hereby direct the Macomb County Employees Retirement System (MCERS) Board to distribute the funds in my Deferred Retirement Option Plan (DROP) account, in the event of my death prior to my separation from Macomb County, 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 the funds in the Member's Deferred Retirement Option Plan account in the event of the Member's death.	
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 Deferred Retirement Option Plan account shall be paid to the Member's estate or legal representative.	
Member Signature	Date
Witness Signature (other than spouse)	Date