

DESIGNATION OF BENEFICIARY

IMPORTANT: Please return completed form to the address listed above. Print clearly and read the instructions first. Fill in all sections. Retain a copy for your records.

FOR RETIREMENT USE ONLY FORM 4 (REV. 1/13)

APPLICANT'S SOCIAL SECURITY NUMBER _____ CHECK ONE: Working Vested Retired (If retiring, retirement date _____)

IMPORTANT: If you are retired under Option 2, 3, 5 or 6, **STOP**. You cannot use this form. You must complete a Form 66 to initiate any beneficiary changes.

APPLICANT'S NAME _____
First Initial Last
HOME ADDRESS _____
Number and Street _____
City _____ State _____ Zip Code _____

PRIMARY BENEFICIARY(IES) All money shall be paid in equal shares to the primary beneficiary(ies) who are living at the time of my death. Check if you used an additional Form 4 to name additional primary beneficiaries.

BENEFICIARY'S NAME _____ RELATIONSHIP* _____ Gender: _____ Birthdate: _____
(M or F) Month Day Year
First Initial Last
*If spouse, please indicate state/jurisdiction where marriage license was issued: _____ Date of marriage: _____
BENEFICIARY'S ADDRESS _____

BENEFICIARY'S NAME _____ RELATIONSHIP _____ Gender: _____ Birthdate: _____
(M or F) Month Day Year
First Initial Last
BENEFICIARY'S ADDRESS _____

CONTINGENT BENEFICIARY(IES) If all primary beneficiaries die before me all money shall be paid in equal shares to the following person(s) who are living at the time of my death. Check if you used an additional Form 4 to name additional contingent beneficiaries.

BENEFICIARY'S NAME _____ RELATIONSHIP _____ Gender: _____ Birthdate: _____
(M or F) Month Day Year
First Initial Last
BENEFICIARY'S ADDRESS _____

BENEFICIARY'S NAME _____ RELATIONSHIP _____ Gender: _____ Birthdate: _____
(M or F) Month Day Year
First Initial Last
BENEFICIARY'S ADDRESS _____

TO THE MARYLAND STATE RETIREMENT AGENCY: I authorize the Maryland State Retirement Agency to pay the death benefit to my designated beneficiary or beneficiaries. I agree on behalf of my estate, heirs and assigns that the payment made by the agency will release the agency from any further obligation regarding this benefit. I direct the agency to pay the death benefit to my estate if I have not designated any beneficiary or if all of the primary and contingent beneficiaries I have named die before me. I understand that I may change beneficiaries at any time by filing a new Designation of Beneficiary form with the Maryland State Retirement Agency. Any new Designation of Beneficiary form I file will replace this form. I understand certain payment due to a minor shall be made only to the legal guardian of that minor. SIGN IN THE PRESENCE OF A NOTARY PUBLIC. (Form not valid unless notarized.)

Signature _____ Date Signed _____

This form must be signed and notarized in order to be valid.

State of _____ County of _____ (or City of Baltimore)
On this _____ day of _____, 20 _____, before me, the undersigned
officer, personally appeared _____, known to me
NAME OF PERSON WHOSE SIGNATURE IS BEING ACKNOWLEDGED * { Official Seal must be affixed }
(or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that (he/she) executed the same for the purposes therein contained. In witness whereof I hereunto set my hand and official seal.
Signature of Notary Public _____
Printed Name of Notary Public _____ My Commission Expires _____
*** IMPORTANT: If the name of the individual whose signature is being acknowledged is not filled in, this form will be INVALID and have no legal effect.**

PLEASE READ CAREFULLY BEFORE FILLING OUT FORM

1. Purpose of this form:

Active Members: Use this form to name the person or persons (beneficiaries) you want to receive any accumulated retirement contributions and death benefits if you die while you are employed.

Vested Members: The person or persons you designate on this form receive your accumulated retirement contributions, if any. No death benefits are payable upon the death of a vested member.

Retirees: Use this form only if you chose Basic Allowance, Option #1 or #4. The person or persons named receive one payment if your death occurs on the 16th of the month or later (Basic Allowance), any remaining portion of the present value of your benefit (Option #1) or the remaining portion of your accumulated contributions (Option #4).

If you are retired under Option 2, 3, 5 or 6, **STOP**. You cannot use this form. You must complete a *Request for Calculation of Joint Survivorship by a Retiree Considering Changing a Beneficiary* (Form 66.) Please see the Maryland State Retirement Agency (MSRA) Web site at www.sra.state.md.us or call a Retirement Benefits Specialist.

2. Changing beneficiaries:

You may change your beneficiaries at any time by completing a new form and filing it with the Maryland State Retirement Agency located at 120 East Baltimore Street, Baltimore, Maryland 21202. You must fill out a new form and file it with the MSRA each time you add, subtract or change beneficiaries.

The most recent form on file at the Maryland State Retirement Agency replaces any form(s) previously filed with the MSRA.

3. Number of beneficiaries

Fill out only the spaces needed. If you need space for more beneficiaries, complete another form and check the box or boxes to show that you have used a second form.

4. Full names of beneficiaries:

Give the full names of your beneficiaries. For example, "Mary Jones", not "Mrs. John Jones."

5. Who can be a beneficiary:

Beneficiaries do not need to be related to you.

Minor children:

You may name minor children as beneficiaries, but in some cases payments can only be made to the legal guardian of a minor. You cannot use this form to name a legal guardian for minor children.

Your estate:

You may name "my estate". Do not name a personal representative of your estate as your beneficiary. Instead, use the space for the beneficiary's address to show the address of the person or business that will administer your estate.

Trustee:

If you have established an Agreement of Trust or Testamentary Trust, you may name "Trustee as appointed by Agreement of Trust or Will" in the space provided for the beneficiary's address. Give the address of the Trustee or of the person or business that will administer the trust.

Church or charitable organization:

List the complete corporate or legal name.

Monthly allowance for husband or wife:

If you die before retirement and your age and/or years of service at death meet certain requirements, your husband or wife is eligible to elect to receive either a one-time payment or a monthly allowance. If you want your husband or wife to be eligible to make this election, you must name him or her as your only primary beneficiary. You may still name contingent beneficiaries, but they are not eligible for a monthly allowance.

6. The total benefits due at your death are paid in equal shares to the living beneficiaries named on your Designation of Beneficiary form. If you name multiple primary beneficiaries, and one of the primary beneficiaries dies before you, the total benefits due at your death are divided in equal shares among the remaining primary beneficiaries. If all primary beneficiaries die before you, and one of multiple contingent beneficiaries also dies before you, then the total benefits payable at your death are divided equally among the remaining contingent beneficiaries.

A deceased beneficiary's share of your total benefits cannot be paid to that deceased beneficiary's heirs. Payment is made only to the living beneficiaries listed on your Designation of Beneficiary form

7. Notarization

Sign in the presence of a Notary Public. This form is not valid unless notarized.

Properly completed forms should be mailed to:

Maryland State Retirement Agency
120 E. Baltimore St.
Baltimore, MD 21202-6700

NEED HELP?

IF YOU NEED HELP TO COMPLETE THIS FORM, CALL A RETIREMENT BENEFITS SPECIALIST
AT 410-625-5555 (LOCAL) or 1-800-492-5909 (TOLL FREE)
sra.maryland.gov