

MUNICIPAL EMPLOYEE RETIREMENT SYSTEM - DESIGNATION OF BENEFICIARY

CO-931 MERS 9/2015

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
RETIREMENT SERVICES DIVISION

CHECK TYPES OF ACTIONS BEING SUBMITTED ON THIS FORM - THEN CONSULT APPLICABLE INSTRUCTIONS

- NEW EMPLOYEE
 RE-EMPLOYED, MULTIPLE EMPLOYMENT
 EMPLOYEE NAME AND/OR ADDRESS CHANGE
 CHANGE IN BENEFICIARY(IES) NAME AND/OR ADDRESS

I. EMPLOYEE INFORMATION

EMPLOYEE NAME (Last)	First Name	M.I.	SOC. SEC. NUMBER	DATE OF EMPLOYMENT	DATE OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
EMPLOYEE'S HOME ADDRESS (Street No., Name, City, State, Zip Code)			MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED		DATE OF MARRIAGE	NAME OF SPOUSE	
EMPLOYING TOWN	TOWN ADDRESS		IS THIS EMPLOYEE CURRENTLY EMPLOYED BY ANOTHER TOWN? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE THE TOWN NAME		

II. RETIREMENT INFORMATION

RETIREMENT SYSTEM
 MUNICIPAL EMPLOYEE RETIREMENT SYSTEM
 POLICE & FIREMAN FUND

MEMBER ID	EMPLOYMENT STATUS Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
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III. BENEFICIARY INFORMATION

IF THERE ARE MORE THAN (4) BENEFICIARIES DESIGNATED, CHECK THE BOX TO THE RIGHT AND ATTACH AN ADDITIONAL CO-931 FORM LISTING ADDITIONAL BENEFICIARIES

NAME OF BENEFICIARY			SOCIAL SECURITY NO.	NAME OF BENEFICIARY CONTINGENT <input type="checkbox"/>			SOCIAL SECURITY NO.
Last Name	First Name	M.I.		Last Name	First Name	M.I.	
ADDRESS (Street No., Name)			RELATIONSHIP	ADDRESS (Street No., Name)			RELATIONSHIP
(City, State, Zip Code)		PERCENT	DATE OF BIRTH	(City, State, Zip Code)		PERCENT	DATE OF BIRTH

NAME OF BENEFICIARY CONTINGENT <input type="checkbox"/>			SOCIAL SECURITY NO.	NAME OF BENEFICIARY CONTINGENT <input type="checkbox"/>			SOCIAL SECURITY NO.
Last Name	First Name	M.I.		Last Name	First Name	M.I.	
ADDRESS (Street No., Name)			RELATIONSHIP	ADDRESS (Street No., Name)			RELATIONSHIP
(City, State, Zip Code)		PERCENT	DATE OF BIRTH	(City, State, Zip Code)		PERCENT	DATE OF BIRTH

IV. MEMBER'S STATEMENT

I understand the provisions of the retirement plan and that, if applicable, I will be required to make contributions based upon my retirement plan designation. Further, I hereby revoke all previous appointments of beneficiaries made by me, if any, and designate the person(s) named above as beneficiary(ies) such person(s) to receive upon my death any and all sums due from the Municipal Employee Retirement System. This designation shall remain in effect unless I subsequently change it by written notice to the Retirement Services Division.

EMPLOYEE'S SIGNATURE	DATE
AUTHORIZED TOWN SIGNATURE & TITLE	PHONE DATE