

**DESIGNATION OF RETIREMENT SYSTEM-TIER-PLAN-BENEFICIARY****For Judges, Family Support Magistrates & Compensation Commissioners Retirement System, Public Defenders Retirement System & States Attorneys Retirement System Members Only**STATE OF CONNECTICUT  
OFFICE OF THE STATE COMPTROLLER  
RETIREMENT SERVICES DIVISION

CO-931j Rev. 8/2015

Page 1 of 2

**General Instructions:** This form is to be completed only for those employees of the Judicial Branch and the Division of Criminal Justice who are required to participate in or are eligible to elect membership in the Judges, Compensation Commissioners and Family Support Magistrates Retirement System, the Public Defenders Retirement System or the State's Attorneys Retirement System.

This form must be completed by the employing agency in conjunction with the employee, page 1 must be initialed by both the employee and an authorized agency staff member, signed by both the employee and agency staff in Section V and returned to the Retirement Services Division as soon as possible following the individual's employment date or effective date of any change.

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

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

**I. EMPLOYEE PERSONAL INFORMATION**

EMPLOYEE NAME (Last)	EMPLOYEE NAME (First)	M.I.	EMPLOYEE NO.	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	MALE	FEMALE
							<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYEE'S HOME ADDRESS (Street No., Name) (City, State, Zip Code)

MARITAL STATUS	MARRIED <input type="checkbox"/>	DATE OF MARRIAGE	NAME OF SPOUSE
	SINGLE <input type="checkbox"/>		

**II. EMPLOYMENT INFORMATION**

EMPLOYING AGENCY	AGENCY ADDRESS	
EMPLOYMENT DATE/EFFECTIVE DATE	EMPLOYMENT STATUS Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	CORE-CT JOB CODE
HAS EMPLOYEE WORKED FOR THE STATE BEFORE?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, provide Agency Name and termination date

RETIREMENT SYSTEM       JUDGES, FAMILY SUPPORT MAGISTRATES & COMPENSATION COMMISSIONERS       PUBLIC DEFENDERS       STATES ATTORNEY

**III. RETIREMENT INFORMATION****Membership:**

The retirement system for Judges, Family Support Magistrates & Compensation Commissioners can be found in the General Statutes of Connecticut, sections 51-49 to 51-50b, inclusive and 51-51.

The retirement system for the Chief Public Defender and Deputy Chief Public Defender can be found in the General Statutes of Connecticut, section 51-295a and section 51-49.

The retirement system for the Chief State's Attorney and Deputy Chief State's Attorney can be found in the General Statutes of Connecticut, sections 51-287 to 51-288 and section 51-49.

**Contributions:**

Members of the above retirement systems contribute 5% of their salary to the retirement fund.

Employee's Initials \_\_\_\_\_

Agency Staff's Initials \_\_\_\_\_

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CO-931j Rev. 8/2015

Page 2 of 2

**IV. BENEFICIARY INFORMATION** If there are more than (4) beneficiaries designated, check the following box and attach an additional CO-931j form listing additional beneficiaries.

NAME OF BENEFICIARY			SOCIAL SECURITY NUMBER	NAME OF BENEFICIARY			CONTINGENT <input type="checkbox"/>	SOCIAL SECURITY NUMBER
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			SOCIAL SECURITY NUMBER	NAME OF BENEFICIARY			CONTINGENT <input type="checkbox"/>	SOCIAL SECURITY NUMBER
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	

**V. MEMBER'S STATEMENT**

I have read the information provided on this form and understand the provisions of the retirement system I am enrolled in and that I will be required to make contributions as outlined in Section III.

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 lump sum benefits due me from the Retirement System of which I am a member. This designation shall remain in effect unless I subsequently change it by written notice to the Retirement Services Division.

EMPLOYEE'S SIGNATURE	DATE
AUTHORIZED COURT SIGNATURE (& TITLE)	PHONE
	DATE

Forward completed form to: Retirement Services Division, 55 Elm Street, Hartford, CT 06106. Agency should retain one copy and provide one copy to the employee.