

**Beneficiary  
 Designation Form**  
 Active Member

**DO YOU NEED TO COMPLETE THIS FORM?**

You need to complete this form if:

- ▶ you have not yet named a beneficiary of your retirement annuity savings account *or*
- ▶ you have previously designated a beneficiary and now want to change the type of beneficiary *or*
- ▶ you want to name a new beneficiary (or beneficiaries).

PLEASE SEE PAGE TWO OF THIS SHEET FOR INSTRUCTIONS ON HOW TO COMPLETE THIS FORM.

M T R S   U S E   O N L Y

**PERSONAL DATA**

**Part  
1**

|   |  |   |
|---|--|---|
| School District   | Social Security number                           | Member number, if known   |
| Name<br><small style="margin-left: 100px;">Last</small> | <small style="margin-left: 100px;">First</small> | <small style="margin-left: 100px;">Middle</small>                     |
|   |  | <input type="checkbox"/> Please check if this is a new (married) name |
| Home address  |  | <input type="checkbox"/> Please check if this is a new address        |
| City, state, ZIP  |  | Phone number (   )  |

**BENEFICIARY DESIGNATION (if you should die while you are an active member of the MTRS)**

As described in the instructions on the back, please designate your member-survivor beneficiary and/or lump-sum beneficiary(ies). If you designate both a member-survivor beneficiary *and* a lump-sum beneficiary(ies), your member-survivor beneficiary will receive the entire benefit in the event of your death. If that person is not alive at the time of your death or is your former spouse who has since remarried, we will then pay a lump-sum benefit to your lump-sum beneficiary(ies), if any. **You may not designate the same person as both your member-survivor beneficiary and as a lump-sum beneficiary.**

■ **MEMBER-SURVIVOR BENEFICIARY** You may designate only one person who must be your parent, sibling, child, spouse or former spouse who has not remarried. You may not designate anyone as a contingent member-survivor beneficiary.

|  |  |   |                |               |   |
|--|--|---|----------------|---------------|---|
| Beneficiary's Social Security No.                                  | Name Last  | First   | Middle initial | Date of birth | Sex   |
| <input type="checkbox"/> Parent<br><input type="checkbox"/> Spouse | <input type="checkbox"/> Sibling<br><input type="checkbox"/> Child | <input type="checkbox"/> Former spouse, not remarried |                | (   )         | <input type="checkbox"/> M <input type="checkbox"/> F |
| Beneficiary is your (check one)                                    |  | Address (number, street, city, state, ZIP)            |                | Phone         |   |

**Part  
2**

■ **LUMP-SUM BENEFICIARY(IES)** You may designate one or more individuals or entities. **If you have designated a member-survivor beneficiary, above, you may not name the same person as either a lump-sum beneficiary or a contingent lump-sum beneficiary.**

Do not name any one person more than once in this section.

| Beneficiary's Social Security no.<br><small>(if an organization, tax ID no.)</small> | Name of beneficiary                    | Address | Date of birth | Sex  | Relationship to you | Percentage of benefit* |
|--|--|---------|---------------|--|---------------------|------------------------|
| <small>Last</small>  | <small>First</small> <small>MI</small> |         |               |  |                     |                        |
|  |  |         |               | <input type="checkbox"/> M<br><input type="checkbox"/> F |                     |                        |
|  |  |         |               | <input type="checkbox"/> M<br><input type="checkbox"/> F |                     |                        |
|  |  |         |               | <input type="checkbox"/> M<br><input type="checkbox"/> F |                     |                        |

\* Total must equal 100%

**CONTINGENT LUMP-SUM BENEFICIARY(IES)** In the event that the named lump-sum beneficiary(ies), above, are not alive at the time of your death.

| Beneficiary's Social Security no.<br><small>(if an organization, tax ID no.)</small> | Name of beneficiary                    | Address | Date of birth | Sex    | Relationship to you | Percentage of benefit |
|--|--|---------|---------------|--------|---------------------|-----------------------|
| <small>Last</small>  | <small>First</small> <small>MI</small> |         |               |        |                     |                       |
|  |  |         |               | M<br>F |                     |                       |
|  |  |         |               | M<br>F |                     |                       |

**MEMBER'S STATEMENT AND SIGNATURE**

**Part  
3**

I, the undersigned, am the member of the Massachusetts Teachers' Retirement System named in Part 1. I hereby certify that I have read the instructions on the back of this form and subscribe under the penalties of perjury that the information I have supplied in this form is true, complete and correct to the best of my knowledge. I hereby cancel and revoke any and all previous lump-sum and/or member-survivor beneficiary designations I have made with the MTRS. Additionally, I understand that, in the case of my death while I am an active member of the MTRS:

- ▶ the beneficiary designation in Part 2 will supersede any previous beneficiary designation I have made and
  - ▶ the person named as my member-survivor beneficiary, if any, will not have the option of a lump-sum cash refund and must receive the member-survivor allowance.
- I understand that this designation will remain in effect unless and until I submit a new, revised *Beneficiary Designation Form* to the Massachusetts Teachers' Retirement System.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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# Instructions for Completing Your Beneficiary Designation Form

We hope you find the *Beneficiary Designation Form—Active Member* and instructions to be self-explanatory. However, if you have any questions, please feel free to contact us at 617-679-MTRS.

## Part 1: Personal Data

Please provide the information as requested.

## Part 2: Beneficiary Designation

As an active member of the MTRS who is making regular payroll contributions or who is on an authorized leave of absence, *you automatically provide a survivor benefit in the event that you die while you are still in active service.* You need to have a designated beneficiary on record with our office so that we can pay out this benefit in accordance with your wishes. The benefit amount is based on the type of beneficiary you select. If at the time of your death, you have no surviving spouse or dependent children, no beneficiary on record with us or no living beneficiaries, we will issue a lump-sum payment to your estate.

If you are currently either an active member of the MTRS or an inactive member who left funds on account with us, you may already have a beneficiary on record with us. If this is the case and you complete this form, we will record the new beneficiary designation you make on this form and it will cancel and replace any and all prior designations you have made with the MTRS. You may change your beneficiary at any time; however, you must file any change(s) prior to your death and the change must be submitted on our *Beneficiary Designation Form*, which is available upon request from our office.

There are two types of beneficiaries:

- ▶ **Member-survivor:** If you want your beneficiary to receive a monthly allowance instead of a lump-sum payment, you should complete this section. A member-survivor allowance provides your beneficiary with a monthly allowance based on four factors: your age, your salary average, your years of creditable service and the age of your beneficiary. The allowance is calculated as if you had retired on the date of your death. **A member-survivor beneficiary must be your parent, sibling, child, spouse or former spouse who has not remarried.**
- ▶ **Lump-sum:** If you want your beneficiary or beneficiaries to receive your accumulated contributions and interest in a single, lump-sum amount, you should complete this section. There are no restrictions on who may be a lump-sum beneficiary and you may name more than one person or entity (for example, your estate or a charity) if you desire. If you do name more than one person or entity, however, be sure to indicate the percentage of your benefit that each beneficiary should receive (the total must equal 100%). If you fail to indicate a percentage, we will distribute the balance equally among the beneficiaries. If you want to designate more than three beneficiaries, please attach an additional sheet.

You may designate both a member-survivor beneficiary and a lump-sum beneficiary(ies); however, **they may not be the same**

**person.** If you should die while you are an active member of the MTRS and you have designated both types, the System must pay the member-survivor beneficiary the entire survivor benefit. If, however, the named member-survivor beneficiary is not alive at the time of your death or is your former spouse who has since remarried, we will allocate your accumulated contributions and interest to the named lump-sum beneficiary(ies). You may also designate a contingent lump-sum beneficiary(ies) to receive your benefit in the event that the named lump-sum beneficiary(ies) is not alive at the time of your death.

## A note about Special Spousal Benefits

A spouse, so long as he or she meets certain conditions, will always have the election of a member-survivor allowance regardless of the designation of a different beneficiary for the member-survivor benefit. For a spouse who qualifies, the minimum allowance is \$250 per month. In addition to this minimum payment, there are monthly payments of \$120 for the first minor child and \$90 for each additional child. To be eligible,

- ▶ your spouse must have been living with you at the time of your death *and*
- ▶ your spouse must have been married to you for at least one year *and*
- ▶ you must have been a member in service at the time of your death *and*
- ▶ you must have completed at least two full years of creditable service.

If your spouse meets the eligibility requirements and you have named him or her as

- ▶ **a member-survivor beneficiary**, he or she will receive either the Special Spousal Benefits *or* the member-survivor monthly benefit, whichever is greater.
- ▶ **a lump-sum beneficiary**, he or she will always have the option of choosing a lump-sum benefit *or* Special Spousal Benefits.

Please note that if there is no surviving spouse, the guardian of the surviving dependent children may be entitled to the minimum payments.

## Part 3: Member's Statement and Signature

After you have completed Parts 1 and 2, please review your form and read the statement in Part 3. If everything is correct and you understand how the MTRS will process your survivor benefit in the event of your death while you are an active member, please sign and date Part 3 and then MAIL your form to the MTRS's main office, below:

**Massachusetts Teachers' Retirement System**  
**ATTN: Beneficiary Processing—Active Member**  
One Charles Park  
Cambridge, MA 02142-1206