

Bristol County Retirement

Beneficiary Designation Form for Retirees and Survivors

For Option A and B Retirees and Survivor Benefits ONLY

Instructions: Do NOT use this form if you are EITHER an active member OR an Option C retiree

Benefit Receipt Data:

Social Security Number: Your Status... Retiree/Option A Retiree/Option B Survivor

Name:

Mailing Address: Phone Number:

City, State and Zip Code: New Address ?

Your Designee and Your Signature - Option A or Survivor:

Option A retiree or survivor of a Bristol County Retirement member, you may use this form to designate the recipient of the lump-sum payment of any benefits that you earn in the month of your death and that have not been issued to you.

		Social Security No or Tax ID	% of Payment
<input type="checkbox"/> Person	Name: <input type="text"/>	<input type="text"/>	100%
<input type="checkbox"/> Trust/Organization	Mailing Address: <input type="text"/>	Date of Birth: <input type="text"/>	Relationship to you: <input type="text"/>
City, State and Zip Code: <input type="text"/>		<input type="text"/>	<input type="text"/>

Your Designee and Your Signature - Option B (Retiree Only):

Option B retiree, you may use this form to designate the recipient(s) of: the lump-sum payment of the remainder of your annuity savings account, if any, upon your death; and, any benefits that you earn in the month of your death that have not been issued to you.

		Social Security No or Tax ID	% of Payment
<input type="checkbox"/> Person	Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Trust/Organization	Mailing Address: <input type="text"/>	Date of Birth: <input type="text"/>	Relationship to you: <input type="text"/>
City, State and Zip Code: <input type="text"/>		<input type="text"/>	<input type="text"/>

		Social Security No or Tax ID	% of Payment
<input type="checkbox"/> Person	Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Trust/Organization	Mailing Address: <input type="text"/>	Date of Birth: <input type="text"/>	Relationship to you: <input type="text"/>
City, State and Zip Code: <input type="text"/>		<input type="text"/>	<input type="text"/>

Certification of Designation:

I certify and hereby designate the person(s) or entity(ies) above. I understand that this designation will supersede any previous designation I have made, and that this designation will remain in effect unless and until I submit a new revised Beneficiary Form for Retirees and Survivor to the Bristol County Retirement System.

Signature: Date of Signature: