

# Beneficiary Change Form (Option B) (If Member Dies After Retirement)

Updated 4/2017

**Retirement Board:** Please place your address and phone number here. ▶

THE BERKSHIRE COUNTY RETIREMENT BOARD  
29 DUNHAM MALL  
PITTSFIELD, MA 01201  
(413) 499-1981

## Choice of Beneficiary to Receive a Return of Accumulated Total Deductions Remaining in a Member's Annuity Account at Member's Death

I, (Print Name) , a retired member of the  Retirement System hereby request the Board of Retirement to pay any sum referred to in G.L. c. 32, § 12(2)(b)\* due at my death to the following beneficiary or beneficiaries in the proportions designated.

I understand that I may change my beneficiary designation at any time by filing a new *Beneficiary Change Form (Option B)*.

\*The types of payments covered under G.L. c. 32, § 12(2)(b) include:

- The payment of any accumulated deductions credited to a retired member's account in the annuity reserve fund at the date of death when the member's death occurs after his/her retirement.
- The amount of any uncashed checks payable to a retired member at his or her death.
- Any person or entity may be a beneficiary under G.L. c. 32, § 12(2)(b). Give complete name and address of each beneficiary below:

1) NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_  
S.S.# \_\_\_\_\_ Relationship to Member \_\_\_\_\_  
Address \_\_\_\_\_  
City & State \_\_\_\_\_ Proportion to be paid \_\_\_\_\_

2) NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_  
S.S.# \_\_\_\_\_ Relationship to Member \_\_\_\_\_  
Address \_\_\_\_\_  
City & State \_\_\_\_\_ Proportion to be paid \_\_\_\_\_

3) NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_  
S.S.# \_\_\_\_\_ Relationship to Member \_\_\_\_\_  
Address \_\_\_\_\_  
City & State \_\_\_\_\_ Proportion to be paid \_\_\_\_\_

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Member's Address

