

# HAMPSHIRE COUNTY RETIREMENT SYSTEM

*A Massachusetts Regional Public Employee Retirement System*

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## RETIREE BENEFICIARY FORM

To be filed with the board upon retirement and/or change of beneficiary in accordance with G.L. c. 32, s. 11(2)(c).

To the Hampshire County Retirement Board:

I, \_\_\_\_\_, Social Security # \_\_\_\_\_, request that the Hampshire County Retirement Board pay any sum referred to in G.L. c.32, § 11(2)(c) due at my death to the following beneficiary or beneficiaries in the proportions designated.

**GIVE COMPLETE NAME AND ADDRESS OF EACH BENEFICIARY** **PROPORTION TO BE PAID - %**

Name			
Address			
SSN		Relationship To Retiree	
Name			
Address			
SSN		Relationship To Retiree	
Name			
Address			
SSN		Relationship To Retiree	
Name			
Address			
SSN		Relationship To Retiree	

The right to change any beneficiary is reserved. Changes may be made by filing a new beneficiary form.

This form may also be used, subsequent to the member's retirement, to change the Option (B) beneficiary designated on the member's Choice of Retirement Option Form. Election of a beneficiary, under G.L. c. 32, s. 12 (2)(C) may not be made on this form. Such election may be made only on the Choice of Retirement Option

**TYPES OF PAYMENTS COVERED UNDER SECTION 11(2)(C) INCLUDE:**

- 1) If Option (A) or (B) was chosen at the time of retirement, the payment of any prorated monthly amount due at your death.
- 2) If Option (B) was chosen at time of retirement, the payment of any cash refund due at your death.
- 3) If you are receiving a Survivor Benefit, the payment of any prorated monthly amount due at your death.

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

Address: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Witness (Print): \_\_\_\_\_