STATE RETIREMENT AGENCY OF MARYLAND
120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202

DESIGNATION OF BENEFICIARY

IMPORTANT: TURN THIS FORM OVER AND READ THE INSTRUCTIONS FIRST.
FILL IN ALL SECTIONS. PRINT IN INK OR TYPE

FOR RETIREMENT USE ONLY FORM 4 (REV. 8/07)

APPLICANT'S SOCIAL SECURITY NUMBER ___ - ___ - ___

CHECK ONE: ☐ Working ☐ Retired ☐ Vested

If retiring, retirement date ____________
☐ Check if you used an additional Form-4 to name additional primary beneficiaries.

APPLICANT'S NAME
First Initial Last

HOME ADDRESS
Number and Street

City State Zip Code

PRIMARY BENEFICIARY(IES) All money shall be paid in equal shares to the primary beneficiary(ies) who are living at the time of my death.

BENEFICIARY'S NAME RELATIONSHIP ____________ Gender (M or F) Date of Birth Year
First Initial Last

BENEFICIARY'S ADDRESS ____________

BENEFICIARY'S NAME RELATIONSHIP ____________ Gender (M or F) Date of Birth Year
First Initial Last

BENEFICIARY'S ADDRESS ____________

CONTINGENT BENEFICIARY(IES) If all primary beneficiaries die before me all money shall be paid in equal shares to the following person(s) who are living at the time of my death.

☐ Check if you used an additional FORM-4 form to name additional contingent beneficiaries.

BENEFICIARY'S NAME RELATIONSHIP ____________ Gender (M or F) Date of Birth Year
First Initial Last

BENEFICIARY'S ADDRESS ____________

BENEFICIARY'S NAME RELATIONSHIP ____________ Gender (M or F) Date of Birth Year
First Initial Last

BENEFICIARY'S ADDRESS ____________

TO THE MARYLAND STATE RETIREMENT AGENCY

I authorize the Maryland State Retirement Agency to pay the death benefit to my designated beneficiary or beneficiaries. I agree on behalf of my estate, heirs and assigns that the payment made by the agency will release the agency from any further obligation regarding this benefit. I direct the agency to pay the death benefit to my estate if I have not designated any beneficiary or if all of the primary and contingent beneficiaries I have named die before me. I understand that I may change beneficiaries at any time by filing a new Designation of Beneficiary form. Any new Designation of Beneficiary form I file will replace this form. I understand certain payment due to a minor shall be made only to the legal guardian of that minor.
SIGN IN THE PRESENCE OF A NOTARY PUBLIC.

Signature ____________ **Date Signed** ____________

Optional: Retirement Coordinator completes

INDICATE SYSTEM:
( ) TEACHERS' RETIREMENT PLAN
( ) EMPLOYEES' RETIREMENT PLAN
( ) STATE POLICE
( ) OTHER (DESIGNATE) ____________
( ) TEACHERS' PENSION PLAN
( ) EMPLOYEES' PENSION PLAN
( ) JUDICIAL PLAN

EMPLOYING AGENCY CODE

DATE SIGNATURE

Sworn to and subscribed before me this ________ day of ________ 20______

My commission expires ____________

Signature of Notary Public (mandatory)

Official Seal must be affixed

ORIGINAL COPY

PLEASE READ CAREFULLY BEFORE FILLING OUT FORM

1. **Purpose of this form:**

   Active Members: Use this form to name the person or persons (beneficiaries) you want to receive any accumulated retirement contributions and death benefits if you die while you are employed.

   Vested Members: The person or persons you designate on this form receive your accumulated retirement contributions, if any. No death benefits are payable upon the death of a vested member.

   Retirees: Use this form only if you chose Basic Allowance Option #1 or #4. The person or persons named receive a pro-rated check for the month of your death (Basic Allowance), any remaining portion of the present value of your benefit (Option #1) or the remaining portion of your accumulated contributions (Option #4).

2. **Changing beneficiaries:**

   You may change your beneficiaries at any time by completing a new form and filing it with the Agency. You must fill out a new form each time you add, subtract or change beneficiaries.

   The form on file at the State Retirement Agency of Maryland with the most recent date replaces any form with an earlier date.

3. **Number of beneficiaries**

   Fill out only the spaces needed. If you need space for more beneficiaries, complete another form and check the box or boxes to show that you have used a second form.

4. **Full names of beneficiaries:**

   Give the full names of your beneficiaries. For example, "Mary Jones", not "Mrs. John Jones."

5. **Who can be a beneficiary:**

   Beneficiaries do not need to be related to you.

   Minor children:
   You may name minor children as beneficiaries, but in some cases payments can only be made to the legal guardian of a minor. You cannot use this form to name a legal guardian for minor children.

   Your estate:
   You may name "my estate". Do not name a personal representative of your estate as your beneficiary. Instead, use the space for the beneficiary's address to show the address of the person or business that will administer your estate.

   Trustee:
   If you have established an Agreement of Trust or Testamentary Trust, you may name "Trustee as appointed by Agreement of Trust or Will" in the space provided for the beneficiary's address. Give the address of the Trustee or of the person or business that will administer the trust.

   Church or charitable organization:
   List the complete corporate or legal name.

   Monthly allowance for husband or wife:
   If you die before retirement and your age and/or years of service at death meet certain requirements, your husband or wife is eligible to elect to receive either a one-time payment or a monthly allowance. If you want your husband or wife to be eligible to make this election, you must name him or her as the only primary beneficiary. You may still name contingent beneficiaries, but they are not eligible for a monthly allowance.

6. The total benefits due at your death are paid in equal shares to the living beneficiaries named on your Designation of Beneficiary form. If you name multiple primary beneficiaries, and one of the primary beneficiaries dies before you, the total benefits due at your death are divided in equal shares among the remaining primary beneficiaries. If all primary beneficiaries die before you, and one of multiple contingent beneficiaries also dies before you, then the total benefits payable at your death are divided equally among the remaining contingent beneficiaries.

   A deceased beneficiary's share of your total benefits cannot be paid to that deceased beneficiary's heirs. Payment is made only to the living beneficiaries listed on your Designation of Beneficiary form

7. **Retirement Coordinator's section:**

   You may wish to ask your Retirement Coordinator, in your employer's personnel department, to complete the optional section at the bottom left corner of the form. In the event of your death, this will provide your Retirement Coordinator with information he or she can use to help your beneficiary(ies) apply for survivor benefits.

8. **Notarization**

   Sign in the presence of a Notary Public. This form will not be accepted unless notarized.

NEED HELP?

IF YOU NEED HELP TO COMPLETE THIS FORM, CALL A RETIREMENT BENEFITS COUNSELOR AT 410-625-5555 (LOCAL) or 1-800-492-5909 (TOLL FREE)