



## Defined Benefit Plan - Change of Beneficiary Designation Form

This form is for retired Members and Participants and will instruct the Wayne County Employees' Retirement System ("WCERS") whom to pay in the event of your death. WCERS will pay any money owed to you at the time of your death to the person/entity that you designate on this form. If you do not make a designation, or if the beneficiary listed below is deceased, WCERS will pay any money owed to your estate. After you have completed and signed this form, please fax to (313) 293-3450 or mail to 28 West Adams, Suite 1900, Detroit MI 48226. To change your beneficiary or beneficiaries address, marital status, or other information, please complete and fax or mail a new form to the above address. Once your form is received, it will be endorsed and a copy will be returned to you for your records. If this form is NOT endorsed, it is not valid.

**Retiree Information:** If this form does not provide enough space, you may attach additional sheets with your name, ID and SS#.

Full Name (First, Middle, Last)

Social Security Number

Date of Birth

Employee ID Number

Daytime Phone Number

Mailing Address (Address, City, State, Zip)

Email Address

**Beneficiary Designation:**  primary The primary beneficiary or beneficiaries will receive benefits when you die. The contingent beneficiary or beneficiaries will receive benefits ONLY if the primary is deceased.

Full Name (First, Middle, Last)

Date of Birth

Social Security Number

Mailing Address (Address, City, State, Zip)

Percentage

Relationship

**Beneficiary Designation:**  primary  contingent  check if this is an address change for your beneficiary

Full Name (First, Middle, Last)

Date of Birth

Social Security Number

Mailing Address (Address, City, State, Zip)

Percentage

Relationship

**Beneficiary Designation:**  primary  contingent  check if this is an address change for your beneficiary

Full Name (First, Middle, Last)

Date of Birth

Social Security Number

Mailing Address (Address, City, State, Zip)

Percentage

Relationship

**REQUIRED - Please sign and date this section.** I hereby affirm that the information on this form is true and correct and authorizes Wayne County Employees Retirement System to update my WCERS account with this information. I revoke any previous beneficiary designation, if any, and instruct the Retirement Commission of the Wayne County Employees' Retirement System, in the event of my death, to pay any money owed to me at the time of my death to my designated beneficiary, subject to the policies and procedures of the office of the Wayne County Employees' Retirement System. If my designated beneficiary is not living to accept payment, my estate shall receive payment.

Your Signature

Date Signed

Revised: 12/11/2018



**Defined Benefit Plan - Beneficiary Designation Form**

**Additional Sheet**

Please fill out this form in ink.

**Beneficiary Designation:**  primary  contingent

Full Name (First, Middle, Last)

Date of Birth

Social Security Number

Residence Address (Street Number, City, State, Zip)

Percentage

Relationship

**Beneficiary Designation:**  primary  contingent

Full Name (First, Middle, Last)

Date of Birth

Social Security Number

Residence Address (Street Number, City, State, Zip)

Percentage

Relationship

**Beneficiary Designation:**  primary  contingent

Full Name (First, Middle, Last)

Date of Birth

Social Security Number

Residence Address (Street Number, City, State, Zip)

Percentage

Relationship

**Beneficiary Designation:**  primary  contingent

Full Name (First, Middle, Last)

Date of Birth

Social Security Number

Residence Address (Street Number, City, State, Zip)

Percentage

Relationship

Signature of  
Employee:

Date: