



# Wayne County Employees' Retirement System

28 West Adams, Suite 1900  
Detroit, MI 48226  
888.600.6033  
313.224.1917 Fax

## Final Pension Compensation Designation Form

This form is to be completed by Wayne County retirees -OR- by a spouse of a retiree who is receiving pension monies. The Final Compensation Designation Form will instruct Wayne County Employees' Retirement System whom to pay in the event of death. **Final compensation payments are any pension monies due to the retiree prior to death.**

**INSTRUCTIONS – Please complete all sections of this form, sign and date. Return the completed form to our office at the address above. Once your form is received in our office 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. Please retain the endorsed copy for your records.**

### Employee Information

Name (First, M.I., Last)		Social Security Number	Employee ID
Street Address			
City	State	Zip Code	Phone Number

### Beneficiary Designation

Name (First, M.I., Last)		Social Security Number	Relationship
Address			Date of Birth

### Certification

I hereby revoke any previous beneficiary designation, if any and instruct the Board of Trustees of the Wayne County Employees' Retirement System, in the event of my death, to pay all compensation due me to my beneficiary designated subject to the policies and procedures of the office of the Wayne County Employees' Retirement System. If my beneficiary designated is not living to accept payment, my estate shall receive payment if neither.

\_\_\_\_\_  
Retiree Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

### For Office Use Only

Processed by:	Date Processed:	Endorsed