



MICHIGAN OFFICE OF RETIREMENT SERVICES

P.O. Box 30171 · Lansing, MI 48909-7671

Michigan.gov/ORS

Toll Free: 800-381-5111

Fax: 517-284-4416

MEMBER'S NAME (LAST, FIRST, M.I.)		MEMBER ID OR SSN
MAILING ADDRESS		HOME TELEPHONE
CITY, STATE, ZIP CODE	RETIREMENT SYSTEM (CHECK ONE) <input type="checkbox"/> PUBLIC SCHOOL EMPLOYEES <input type="checkbox"/> STATE POLICE <input type="checkbox"/> STATE EMPLOYEES <input type="checkbox"/> JUDGES	
EMAIL ADDRESS		

Changing Your Refund Beneficiary

Use this form to change your retirement refund beneficiary. At your death, if there is no survivor pension beneficiary eligible to receive an ongoing pension benefit, the person(s) named below will receive the balance of any personal contributions not used to fund your pension benefit.

You can designate one or more people as your refund beneficiary(ies). Attach another sheet of paper for additional names. If you do not name a beneficiary or you write "NONE" on the beneficiary name line, upon your death, any refund due will be paid to your estate or the legal representative of your estate.

NOTE: This refund beneficiary designation remains in effect until you submit a new *Refund Beneficiary Designation* to Office of Retirement Services (ORS).

Refund Beneficiary Name: _____		Relationship: _____	
Beneficiary's SSN: _____	Birth Date: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female

Refund Beneficiary Name: _____		Relationship: _____	
Beneficiary's SSN: _____	Birth Date: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female

STOP Your signature must be notarized below. Do not sign until you are in front of a Notary Public.

Retiree Signature

I understand the most current refund beneficiary designation on file with ORS at the time of my death establishes the recipient(s) of my refund payment, if any. I intend for this refund beneficiary designation to supersede all previous filings with ORS.

RETIREE SIGNATURE	DATE
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Notary Public: Subscribed and sworn to before me this _____ day of _____, _____	
County of _____, State of _____	
My commission expires _____, _____	
Notary Signature _____	

Voya: If you have any questions related to the State of Michigan 401(k) and 457 plans, they should be directed to Voya Financial®, SOM Plan Administrator, P O Box 55497, Boston, MA 02205-5497. For telephone inquiries, please contact Voya® toll-free at 800-748-6128, or visit Voya® online at <https://stateofmi.voya.com> for more information.

Return your completed form to: ORS, PO Box 30171, Lansing MI 48909-7671

Keep a copy for your records.