



MICHIGAN OFFICE OF RETIREMENT SERVICES

Big Plans. Small Steps.

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

www.michigan.gov/ors

Toll Free: 800-381-5111

Local: 517-284-4400

Fax: 517-284-4416

Refund Beneficiary Designation – For Retirees

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 beneficiar(y)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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<p>Notary Public: Subscribed and sworn to before me this _____ day of _____, _____</p> <p>County of _____, State of _____</p> <p>My commission expires _____, _____</p> <p>Notary Signature _____</p>
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Return your completed form to: ORS, PO Box 30171, Lansing MI 48909-7671
Keep a copy for your records.