



# 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

## Deferred Retirement Option Plan (DROP) Beneficiary Designation

*For State Police*

|                                   |                                |
|-----------------------------------|--------------------------------|
| MEMBER'S NAME (LAST, FIRST, M.I.) | MEMBER ID OR SSN               |
| MAILING ADDRESS                   | DAYTIME TELEPHONE<br>(       ) |
| CITY, STATE, ZIP CODE             |                                |
| EMAIL ADDRESS                     |                                |

Use this form to name an individual to receive the balance of your DROP benefit if you die before withdrawing the entire balance. If you do not complete this form, your DROP balance will be paid first to your pension beneficiary, if alive, or secondarily to your estate.

If you experience a life change event such as marriage, divorce, etc., you may want to change your DROP beneficiary. Simply complete a new beneficiary designation form for your DROP benefit and send it to the Office of Retirement Services (ORS). Do not file it with your Human Resources Department.

### Section 1: DROP Beneficiary Designation

There are no restrictions regarding who you can name as the beneficiary for your DROP benefit. The individual you name below will receive the balance of your DROP benefit upon your death.

|                                |  |            |
|--------------------------------|--|------------|
| DROP ACCOUNT BENEFICIARY NAME  | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE | BIRTH DATE |
| BENEFICIARY'S ADDRESS          | BENEFICIARY'S SOCIAL SECURITY NUMBER                             |            |
| BENEFICIARY'S CITY, STATE, ZIP | RELATIONSHIP TO MEMBER   |            |

### Section 2: Member Signature

*I understand that upon my death, the balance of my DROP benefit will be paid to the individual named on the most recent DROP beneficiary designation form on file with the Office of Retirement Services. This DROP beneficiary designation will supersede any previous versions I may have filed with ORS. I also understand that if the beneficiary I named above is not living, ORS shall pay the balance of this DROP benefit first to my pension beneficiary, if alive, or secondarily to my estate.*

|                  |      |
|------------------|------|
| MEMBER SIGNATURE | DATE |
|------------------|------|

*For this beneficiary designation to be valid, this form must be on file with the Office of Retirement Services (ORS).*

Mail your completed form to: ORS, P.O. Box 30171, Lansing, MI 48909-7671