MICHIGAN OFFICE OF RETIREMENT SERVICES
P.O. Box 30171 · Lansing, MI 48909-7671 www.michigan.gov/ors
Toll Free: 800-381-5111
Fax: 517-284-4416

Life Insurance Beneficiary Designation- State Employees, State Police, and Judges

MEMBER'S NAME (LAST, FIRST, M.I.)	MEMBER ID OR SSN
MAILING ADDRESS	DAYTIME TELEPHONE
CITY, STATE, ZIP CODE	EMAIL ADDRESS
RETIREMENT SYSTEM (SELECT ONE) ☐ STATE EMPLOYEES ☐ STATE POLICE ☐ JUDGES	

Section I – Beneficiary Designation

List your beneficiary (or beneficiaries) below. If you name more than one beneficiary, they will each receive an equal share of your insurance benefit payment unless you indicate otherwise. If you want the payment divided differently, list the percentage you want to go to each beneficiary in the *% Share If Not Equal* box. The sum of *% Share If Not Equal* boxes must total 100 percent. If you have additional beneficiaries, list them on a separate sheet of paper and attach it to this form.

1. BENEFICIARY'S NAME (LAST NAME, FIRST NAME, M.I.)	BENEFICIARY'S SSN	BIRTHDATE (MM/DD/YYYY)
ADDRESS OF BENEFICIARY (STREET, CITY, STATE, ZIPCODE)	RELATIONSHIP	% SHARE IF NOT EQUAL
2. BENEFICIARY'S NAME (LAST NAME, FIRST NAME, M.I.)	BENEFICIARY'S SSN	BIRTHDATE (MM/DD/YYYY)
ADDRESS OF BENEFICIARY (STREET, CITY, STATE, ZIPCODE)	RELATIONSHIP	% SHARE IF NOT EQUAL

Section II – Contingent Beneficiary

A contingent beneficiary (or beneficiaries) may be designated in the event that your beneficiary (or beneficiaries) listed above decease(s) before you do. If you do not choose a contingent beneficiary, your beneficiary will be determined according to guidelines defined by the applicable life insurance company. Please list your contingencies below. If you name more than one beneficiary, they will each receive an equal share of your insurance benefit payment unless you indicate otherwise.

1. BENEFICIARY'S NAME (LAST NAME, FIRST NAME, M.I.)	BENEFICIARY'S SSN	BIRTHDATE (MM/DD/YYYY)
ADDRESS OF BENEFICIARY (STREET, CITY, STATE, ZIPCODE)	RELATIONSHIP	% SHARE IF NOT EQUAL
2. BENEFICIARY'S NAME (LAST NAME, FIRST NAME, M.I.)	BENEFICIARY'S SSN	BIRTHDATE (MM/DD/YYYY)
ADDRESS OF BENEFICIARY (STREET, CITY, STATE, ZIPCODE)	RELATIONSHIP	% SHARE IF NOT EQUAL

Section III – Certification: STOP — Do NOT sign unless you are in front of a Notary Public

I have read the terms and conditions stated on the reverse side of this form. I revoke all previously filed beneficiary designations.

APPLICANT SIGNATURE	DATE

Notary Public: Subscribed and sworn to before me this _____ day of _____, _____

County of _____, State of _____

My commission expires _____, _____

Notary Signature _____

Mail your completed form to:

Michigan Office of Retirement Services, P.O. Box 30171, Lansing, MI 48909-7671

or fax to 517-284-4416.

Department of Technology, Management & Budget
R0782GHB (Rev. 8/2026) Authority: 1943 PA 240; 1986 PA 182; 1992 PA 234, as amended

Instructions

Use this form to:

- Designate a different beneficiary from any previous beneficiaries.
- Designate a new beneficiary because your previously designated beneficiary is deceased.
- Change your beneficiary due to a divorce.

Note: Divorce automatically cancels a spouse's beneficiary designation. If you want to keep your ex-spouse as a beneficiary, you must file a new form listing "ex-spouse" in the "Relationship" box.

Who can be named as a beneficiary?

- Any person or institution, except a funeral home.
- A Trust (Be sure to send in the first, second, and last page of the trust.)
- Your Estate (The designation can state either "my estate" or "the estate of (your name)." ***Note:*** You cannot name the estate of another person.

If you do not have a beneficiary listed or living:

Your life insurance benefit will be paid to your relatives in this order:

- First, to your spouse, if living;
- Otherwise, equally to your child(ren);
- Otherwise, equally to your surviving parent(s);
- Otherwise, equally to your brother(s) and sister(s);
- Otherwise, to your trust or estate.

Power of Attorney.

If you have a Power of Attorney (POA) listed, that designation will not be reviewed until the time a claim is made. Check periodically to make sure your POA on file is valid.

Naming a beneficiary on this form.

List your beneficiary (or beneficiaries) in Section I. If you want to name a married or widowed woman as your beneficiary, list her full given name – Mary J. Smith, not Mrs. John H. Smith. Likewise, a participant who is married or widowed should use her full given name.

If you name two or more beneficiaries, indicate the percentage each beneficiary should receive in the *% Share If Not Equal* box beside each beneficiary's name. If you do not indicate percentages, they will each receive an equal share of your insurance benefit payment. The *% Share If Not Equal* box percentages must total 100 percent. Do not specify dollar amounts.

Naming a contingent beneficiary on this form.

You may designate a contingent beneficiary who will receive your life insurance benefit if your named beneficiary (or beneficiaries) decease(s) before you do. List your choice in Section II. You may list your trust or estate as a contingent beneficiary.

Return this form to:

Michigan Office of Retirement Services
P.O. Box 30171
Lansing MI 48909-7671

Fax: 517-284-4416