

THE CITY OF BALTIMORE
EMPLOYEES' RETIREMENT SYSTEM

7 East Redwood Street -- 13th Floor
Baltimore, Maryland 21202-3470
Phone 443-984-3200 Fax 410-528-8428

DESIGNATION OF CUSTODIAN FOR MEMBER'S MINOR CHILD

If you die before beginning to receive ERS benefits and death benefits are payable to your child (or children) under age 18, ERS cannot make payments directly to that child. ERS will only pay benefits to a custodian you designate under the Maryland Uniform Transfers to Minors Act OR to a court-appointed guardian. This DESIGNATION OF CUSTODIAN FOR MEMBER'S MINOR CHILD allows you to designate a custodian of your choice.

CUSTODIANS

The custodian you name will receive and manage the ERS benefits on behalf of your child until he or she reaches age 18. Even though the custodian controls the benefits, your child still legally owns them. When your child reaches age 18, control of the ERS benefits passes to your child automatically. (In addition, if payments continue to your child beyond age 18 because he or she is a student, ERS will make those payments directly to your child.)

You should only name someone you trust as custodian. ERS does not monitor what happens to the benefit after it is paid.

You may designate a **primary custodian** to serve as long as he or she is willing and able. You may also designate a **contingent custodian**, or second choice custodian, to serve if the primary custodian, dies, cannot serve for any other reason or is unwilling to serve.

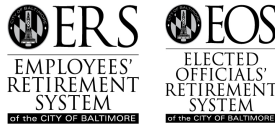
GUARDIANS

You cannot use this form to select a guardian or to become a guardian. Only a court can appoint a guardian.

IF YOU DO NOT COMPLETE THIS FORM, A GUARDIAN MUST BE APPOINTED BY A COURT TO ACCEPT ERS BENEFITS ON BEHALF OF YOUR CHILD IF HE OR SHE IS UNDER AGE 18. ERS CANNOT PAY ANY CHILD UNDER AGE 18 DIRECTLY.

DIRECTIONS

- If you have more than one child under age 18, you must complete a separate form for each child.
- Fill in your name and your child's name.
- List the name of the primary custodian and his or her contact information.
- If you want, list one or two contingent custodians.
- Sign and date the form. Have it notarized. **The form is not valid unless signed and notarized.**
- Return the form to the address at the top of the page and keep a copy for your records.



FOR ERS USE ONLY

PENSION # _____

DATE RECEIVED _____

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In the event that I, _____ should die before beginning to receive ERS benefits, it is my specific intention that any and all benefits that may be payable by the Employees' Retirement System upon my death to my minor child, _____ be distributed to a custodian on behalf of my minor child. This transfer will be made pursuant to the Maryland Uniform Transfers to Minors Act (Md. Code, Estates and Trusts §§ 13-301 *et seq.*).

It is my specific intention to designate the following primary custodian to act on behalf of my child:

NAME OF PRIMARY CUSTODIAN _____

SOCIAL SECURITY NUMBER OF PRIMARY CUSTODIAN _____

ADDRESS OF PRIMARY CUSTODIAN _____

PHONE NUMBER OF PRIMARY CUSTODIAN _____

If at any time the primary custodian is unable or unwilling to act as such custodian, then the following contingent custodians are designated to act on behalf of my child, in the order in which they are listed below.

NAME OF 1ST CONTINGENT CUSTODIAN _____

NAME OF 2ND CONTINGENT CUSTODIAN _____

ADDRESS OF 1ST CONTINGENT CUSTODIAN _____

ADDRESS OF 2ND CONTINGENT CUSTODIAN _____

SOCIAL SECURITY NUMBER OF 1ST CONTINGENT CUSTODIAN _____

SOCIAL SECURITY NUMBER OF 2ND CONTINGENT CUSTODIAN _____

PHONE NUMBER OF 1ST CONTINGENT CUSTODIAN _____

PHONE NUMBER OF 2ND CONTINGENT CUSTODIAN _____

SIGNATURE OF MEMBER _____ **DATE** _____

NOTARY ACKNOWLEDGMENT

STATE OF _____, CITY/COUNTY OF _____

On this _____ day of _____, 20_____, before me, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to within the instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness hereof I hereunto set my hand and official seal.

My Commission Expires: _____

Notary Public [Seal]