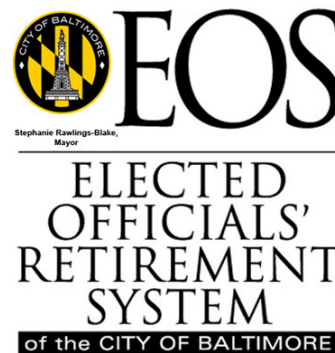




THE CITY OF BALTIMORE  
EMPLOYEES' AND ELECTED OFFICIALS'  
RETIREMENT SYSTEMS  
7 East Redwood Street — 13th Floor  
Baltimore, Maryland 21202-3470  
Phone 443-984-3200



## STANDARD BENEFICIARY DESIGNATION FORM FOR MEMBERS ONLY

PLEASE READ CAREFULLY THIS COVER SHEET AND THE EXPLANATION ON THE SECOND PAGE BEFORE COMPLETING YOUR BENEFICIARY DESIGNATION FORM.

**IMPORTANT:** The filing of a new beneficiary designation form takes the place of any previous beneficiary designation. **COMPLETE ONLY ONE BENEFICIARY DESIGNATION FORM.**

The Retirement Systems of the City of Baltimore has two forms for the designation or change of beneficiaries for death benefits payable for a non-line-of-duty death of a Retirement System member who dies before retirement. They are the:

STANDARD BENEFICIARY DESIGNATION FORM printed on **YELLOW PAPER**  
*and*

SPECIFIC BENEFICIARY DESIGNATION FORM printed on **WHITE PAPER**

- Each beneficiary designation form has a DIFFERENT purpose.
- Each beneficiary designation form places DIFFERENT responsibilities upon the Retirement System member.
- Each beneficiary designation form has DIFFERENT instructions as to how the Retirement System will distribute your death benefit.

You must decide which beneficiary designation form is better for you and your personal circumstances.

**NOTE:** COMPLETE EITHER THE STANDARD OR SPECIFIC BENEFICIARY DESIGNATION FORM, **BUT NOT BOTH!** MAIL THE COMPLETED FORM TO THE RETIREMENT SYSTEMS' OFFICE.

If you have questions or need assistance in completing a beneficiary designation form, please call **(443) 984-3200**, or you may write or visit the **Retirement Systems, 7 E. Redwood Street, 13<sup>th</sup> Floor, Baltimore, MD 21202-3470.**

# EXPLANATION OF THE STANDARD BENEFICIARY DESIGNATION FORM

The STANDARD BENEFICIARY DESIGNATION FORM appoints as beneficiaries the family members living at the time of your death. According to this form, in the event of your death, a pre-retirement non-line-of-duty death benefit would be paid to the first living person or groups of persons shown on the Form by letters **a, b, c, d** and **e** in the order listed. In addition, by using this form, you will automatically change your choice of beneficiary as your marital and family circumstances change.

THIS FORM ONLY NAMES BENEFICIARIES FOR DEATH BENEFITS PAID BY THIS RETIREMENT SYSTEM. IT DOES NOT ADDRESS BENEFICIARIES DESIGNATED FOR UNION DEATH BENEFITS OR OTHER INSURANCE YOU MAY HAVE THROUGH THE CITY OR YOUR DEPARTMENT.

The following are examples of how the completion of the STANDARD BENEFICIARY DESIGNATION FORM could work for you:

**EXAMPLE 1:** The member, at the time of filing this Form, is unmarried, does not have any children but has living parents, brothers and sisters. Since this member does not have a spouse or any children, his beneficiaries are his mother and father. (Letter **c** on the Form)

**EXAMPLE 2:** If the same member as in Example 1 later marries, the same form as originally filed would change his first beneficiary to his spouse, because the member's spouse appears first in the groups listed on this Form. (Letter **a** on the Form)

**EXAMPLE 3:** If the same member as in Example 2 has a child (or children), the spouse will continue to be the member's beneficiary. However, if the member later divorces his spouse or if the spouse dies before the member, then the child (or children) would become the member's beneficiaries. (Letter **b** on the Form)

All of these automatic changes would occur with the filing of a single STANDARD BENEFICIARY DESIGNATION FORM. There would be no need to complete additional forms to change your beneficiaries because of a change in marital or family circumstances.

**REMEMBER:** The STANDARD BENEFICIARY DESIGNATION FORM should be used if you want to name as your beneficiaries, your living family members in the order listed. If that is not what you want, then the Specific Beneficiary Designation Form (printed on white paper) should be used.

Always make sure your beneficiary choice is up-to-date. The filing of any beneficiary designation form will take the place of any previous beneficiary designation on file with the Retirement System.

## \*\*\*DIRECTIONS TO COMPLETE THE STANDARD BENEFICIARY DESIGNATION FORM\*\*\*

1. Fill in your name and social security number at the top of the Form.
2. Sign and date the Form at the bottom, before a Notary Public.
3. Have Notary Public sign and date the Form.

The Retirement System will send you a copy of your completed Form within 30 days of receiving it. The System will hold the original Form in your file.

# THE CITY OF BALTIMORE EMPLOYEES' AND ELECTED OFFICIALS' RETIREMENT SYSTEMS

**FOR OFFICE USE ONLY**

ACTIVE # \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

## STANDARD BENEFICIARY DESIGNATION FORM

Social Security No. \_\_\_\_\_ Member's Name \_\_\_\_\_

### TO THE BOARD OF TRUSTEES:

I request that the following beneficiary designation take the place of any prior beneficiary designation filed with the Retirement System on my behalf, and I designate the following groups, in the order listed below, as my beneficiaries to receive any and all pre-retirement death benefits that may be payable by the Retirement System:

- a) To my living **SPOUSE**; and if he or she dies before me, then to,
- b) My living **CHILD** or **CHILDREN** in equal shares; but if none of my children survive me, then to,
- c) My living **MOTHER** and **FATHER** in equal shares, or, if either dies before me, to the remaining living parent, and, if neither survives me, then to,
- d) My living **BROTHERS** and **SISTERS** in equal shares; but if none of my brothers and sisters survives me, then to,
- e) My **ESTATE**.

The terms "child" and "children," as used in this form, shall include both natural born and adopted children, whether born or adopted before or after I complete this form.

**PLEASE NOTE:** Retirement System shall mean the retirement system in which I am a member at the time of filing this form.

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

STATE OF \_\_\_\_\_, CITY OF \_\_\_\_\_ to wit:

I **HEREBY CERTIFY** that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, subscriber, a Notary Public of the State aforesaid, personally appeared \_\_\_\_\_ and signed this in my presence.

**IN WITNESS WHEREOF**, I have hereunto set my hand and Notarial Seal.

MY COMMISSION EXPIRES \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
(SEAL)

## STANDARD BENEFICIARY DESIGNATION FORM

### FOR MEMBERS ONLY

IF YOU HAVE DECIDED TO COMPLETE THE **STANDARD BENEFICIARY DESIGNATION FORM**, THEN BEFORE MAILING IT BACK TO THE RETIREMENT SYSTEMS,

### *Have you...*

- PROPERLY COMPLETED YOUR STANDARD BENEFICIARY DESIGNATION FORM?
- SIGNED YOUR STANDARD BENEFICIARY DESIGNATION FORM?
- HAD YOUR STANDARD BENEFICIARY DESIGNATION FORM NOTARIZED?

\*\*\*The Retirement System has Notaries Public who will notarize your form free of charge.

- INCLUDED ONLY ONE BENEFICIARY DESIGNATION FORM IN THE ENVELOPE?
- COMPLETED YOUR DESIGNATION OF CUSTODIAN FOR MEMBER'S MINOR CHILD FORM?

Any questions? Please call the Retirement Systems at **(443) 984-3200**.



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## Designation of Custodian for Member's Minor Child

DATE \_\_\_\_\_ RETIREMENT # \_\_\_\_\_

In the event that I, \_\_\_\_\_ should die  
while still a member of the Employees' Retirement System (ERS), it is my specific intention that any  
and all death benefits that may be payable by the ERS upon my death, 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 Estates and Trust  
Code Ann. §§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 shall act on behalf of my child, in the order in which they are listed below.

NAME OF 1<sup>ST</sup> CONTINGENT CUSTODIAN \_\_\_\_\_

NAME OF 2<sup>ND</sup> CONTINGENT CUSTODIAN \_\_\_\_\_

ADDRESS OF 1<sup>ST</sup> CONTINGENT CUSTODIAN \_\_\_\_\_

ADDRESS OF 2<sup>ND</sup> CONTINGENT CUSTODIAN \_\_\_\_\_

SOCIAL SECURITY NUMBER OF 1<sup>ST</sup> CONTINGENT CUSTODIAN \_\_\_\_\_

SOCIAL SECURITY NUMBER OF 2<sup>ND</sup> CONTINGENT CUSTODIAN \_\_\_\_\_

PHONE NUMBER OF 1<sup>ST</sup> CONTINGENT CUSTODIAN \_\_\_\_\_

PHONE NUMBER OF 2<sup>ND</sup> CONTINGENT CUSTODIAN \_\_\_\_\_

SIGNATURE OF MEMBER \_\_\_\_\_

STATE OF \_\_\_\_\_, CITY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, personally appeared before me and  
made oath that the answers by her/him made above and subscribed are true and full, to the best of  
her/his knowledge and belief.

MY COMMISSION EXPIRES \_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_