



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

7 East Redwood Street — 13th Floor
Baltimore, Maryland 21202-3470
Phone 443-984-3200



SPECIFIC 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, 13th Floor, Baltimore, MD 21202-3470.**

EXPLANATION OF THE SPECIFIC BENEFICIARY DESIGNATION FORM

The SPECIFIC BENEFICIARY DESIGNATION FORM allows you to name any person, persons or organizations you want to receive your pre-retirement death benefit payable by the Retirement System.

If you want to name one or more first choice beneficiaries, then you fill in the section **“Primary Beneficiary (ies)”**. Each listed beneficiary will receive an equal share of your death benefit unless you indicate otherwise by stating the exact percentage each beneficiary is to receive at the time of your death. If additional space is required, please download and print another SPECIFIC BENEFICIARY DESIGNATION FORM.

If you want to name any second choice beneficiaries in the event that your primary beneficiaries pre-decease you, you should also fill in the section **“Contingent Beneficiary (ies)”**. Each listed beneficiary will receive an equal share of your death benefit unless you indicate otherwise by stating the exact percentage each beneficiary is to receive at the time of your death. If additional space is required, please download and print another SPECIFIC BENEFICIARY DESIGNATION FORM.

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 HAVE MAY HAVE THROUGH THE CITY OR YOUR DEPARTMENT.

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

EXAMPLE 1: If you are married and have children, you could name your spouse as your primary beneficiary and your children as contingent beneficiaries.

EXAMPLE 2: If you are not married, you could name your parents as your primary beneficiaries to each receive 50% of your death benefit, and name your brothers and sisters as your contingent beneficiaries.

EXAMPLE 3: If you are married without children, you could name your spouse as your primary beneficiary, and name your parents as your contingent beneficiaries.

PLEASE NOTE: If you divorce or remarry but still have your former spouse on record as your designated beneficiary at the time of your death before retirement, your former spouse may receive all of your death benefit.

While the SPECIFIC BENEFICIARY DESIGNATION FORM allows you to name anyone you want to receive your death benefit, it also requires that you file a new SPECIFIC BENEFICIARY DESIGNATION FORM each time your beneficiary changes. For example, if you have named your spouse as your primary beneficiary, and you separate or divorce your spouse, you must complete another SPECIFIC BENEFICIARY DESIGNATION FORM to change your choice of beneficiary.

DIRECTIONS TO COMPLETE THE SPECIFIC BENEFICIARY DESIGNATION FORM

1. Fill in your name and social security number at the top of the Form.
2. Complete the applicable beneficiary sections, including the name, address, social security number, date of birth (DOB) and relationship of each beneficiary. In addition, if you want your beneficiaries to receive your death benefit in certain percentages, you must fill in the “% of Benefit” line.
3. Sign and date the Form at the bottom, before a Notary Public.
4. 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 _____

SPECIFIC 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 of which I am an active member at the time of filing this Form.

PRIMARY BENEFICIARY (IES): I hereby designate the following to share and share alike, unless otherwise stated, and request that the beneficiaries listed below be paid the total amount of any and all benefits that may be payable by the Retirement System if I die before I retire from City employment. Should any beneficiary listed below die before me, his or her share of my death benefit will be divided equally **only** among the remaining beneficiaries who are living at the time of my death.

(1) Name _____ (2) Name _____
Address _____ Address _____

% of Benefit _____ Social Security # _____ % of Benefit _____ Social Security # _____
DOB _____ Relationship _____ DOB _____ Relationship _____

(3) Name _____ (4) Name _____
Address _____ Address _____

% of Benefit _____ Social Security # _____ % of Benefit _____ Social Security # _____
DOB _____ Relationship _____ DOB _____ Relationship _____

Check if you used an additional Specific Beneficiary Designation Form to name additional primary beneficiaries.

CONTINGENT BENEFICIARY (IES): If all primary beneficiaries die before me, I hereby designate the following to share and share alike, unless otherwise stated. Should any beneficiary listed below die before me, his or her share of my death benefit will be divided equally **only** among the remaining beneficiaries who are living at the time of my death.

(1) Name _____ (2) Name _____
Address _____ Address _____

% of Benefit _____ Social Security # _____ % of Benefit _____ Social Security # _____
DOB _____ Relationship _____ DOB _____ Relationship _____

(3) Name _____ (4) Name _____
Address _____ Address _____

% of Benefit _____ Social Security # _____ % of Benefit _____ Social Security # _____
DOB _____ Relationship _____ DOB _____ Relationship _____

Check if you used an additional Specific Beneficiary Designation Form to name additional contingent beneficiaries.

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)

SPECIFIC BENEFICIARY DESIGNATION FORM

FOR MEMBERS ONLY

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

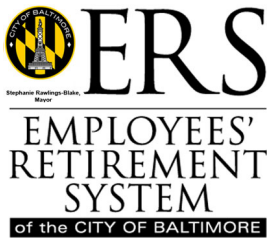
Have you...

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

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

- INCLUDED ONLY YOUR SPECIFIC 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 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 _____

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 _____