

# THE CITY OF BALTIMORE EMPLOYEES' RETIREMENT SYSTEM

7 East Redwood Street -- 13th Floor  
Baltimore, Maryland 21202-3470  
Phone 443-984-3200 Fax 410-528-1474

## **ACTIVE DEATH BENEFICIARY DESIGNATION FORM**

The BENEFICIARY DESIGNATION FORM allows you to name any person you want to receive benefits payable from the Employees' Retirement System ("ERS") if you die before you begin receiving ERS benefits or within 30 days of retirement.

**THIS FORM DOES NOT ALLOW YOU TO NAME BENEFICIARIES FOR UNION DEATH BENEFITS OR ANY OTHER LIFE INSURANCE BENEFITS.**

If you die **while not in the line-of-duty**, ERS provides several pre-retirement death benefit options. The beneficiary you name will determine which of those options are available:

- If you name your **spouse**, he or she may choose:
  - a lump sum equal to 50% of your salary + your employee contributions with interest; or
  - a monthly pension (if you worked at least 20 years or were eligible to retire).
- If you name your **minor child or children**, they may choose:
  - a lump sum equal to 50% of your salary + your employee contributions with interest; or
  - a monthly pension until they are no longer minors (if you worked at least 20 years).
- If you name **one or both of your parents**, they may choose:
  - a lump sum equal to 50% of your salary + your employee contributions with interest; or
  - a monthly pension (if you were eligible to retire).
- If you name **anyone else**, that person or persons will receive a lump sum equal to 50% of your salary + your employee contributions with interest.

If you die **while in the line-of-duty**, a monthly pension equal to your salary will be payable to your **spouse** (if you have not named your minor children as beneficiaries), **minor children** (if you have no spouse or your spouse dies or remarries), or **parents** (if you have no spouse or minor children). If you have no surviving spouse, minor children, or parents, **anyone you designate** will receive a lump sum equal to your employee contributions with interest.

**IF YOU NAME YOUR SPOUSE AS YOUR BENEFICIARY AND THEN YOU DIVORCE, YOU MUST COMPLETE ANOTHER FORM TO CHANGE YOUR BENEFICIARY. IF YOU DO NOT COMPLETE ANOTHER FORM, YOUR FORMER SPOUSE WILL RECEIVE A LUMP SUM DEATH BENEFIT.**

**IF YOU DO NOT COMPLETE THIS FORM**, a lump sum death benefit automatically will be paid to:

- your living **spouse**; but if your spouse dies before you, then to
- your living **child or children** in equal shares, but if they die before you, then to
- your living **parent or parents** in equal shares, but if they both die before you, then to
- your **estate**.

### **DIRECTIONS:**

- Fill in your name and Social Security number.
- Name your **first choice beneficiary** or beneficiaries under "Primary Beneficiary(ies)."
  - If you name more than one first choice beneficiary, fill in the "% of Benefit" section.
  - If you do not fill in the "% of Benefit" section, each will receive an equal share of your death benefit.
  - If you name more than four (4), use an additional BENEFICIARY DESIGNATION FORM.
- Name your **second choice beneficiary** under "Contingent Beneficiary(ies)."
  - The second choice beneficiaries will receive your death benefit only if **none** of your first choice beneficiaries are living at the time of your death.
  - If you name more than one second choice beneficiary, fill in the "% of Benefit" section.
  - If you do not fill in the "% of Benefit" section, each will receive an equal share of your death benefit.
  - If you name more than four (4), use an additional BENEFICIARY DESIGNATION FORM.
- 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. Keep a copy for your records.

THE CITY OF BALTIMORE  
EMPLOYEES' RETIREMENT SYSTEM  
7 East Redwood Street, 13th Floor, Baltimore, Maryland 21202  
**BENEFICIARY DESIGNATION FORM**

FOR ERS USE ONLY

PENSION # \_\_\_\_\_

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

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

**TO THE BOARD OF TRUSTEES:** I request that the following beneficiary designation take the place of any prior beneficiary designation filed with the Employees' Retirement System ("ERS").

**PRIMARY BENEFICIARY(IES):** I hereby designate the beneficiaries listed below to receive the total amount of any benefits that may be payable by the ERS if I die before I begin receiving ERS benefits. Unless I designate below in the "% of Benefit" section, I understand that benefits will be paid to the beneficiaries listed below in equal shares. I further understand that 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 \_\_\_\_\_ SSN \_\_\_\_\_

% of Benefit \_\_\_\_\_ SSN \_\_\_\_\_

DOB \_\_\_\_\_ Relationship \_\_\_\_\_

DOB \_\_\_\_\_ Relationship \_\_\_\_\_

(3) Name \_\_\_\_\_

(4) Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

% of Benefit \_\_\_\_\_ SSN \_\_\_\_\_

% of Benefit \_\_\_\_\_ SSN \_\_\_\_\_

DOB \_\_\_\_\_ Relationship \_\_\_\_\_

DOB \_\_\_\_\_ Relationship \_\_\_\_\_

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

**CONTINGENT BENEFICIARY(IES):** If all primary beneficiaries die before me, I hereby designate the beneficiaries listed below to receive the total amount of any benefits that may be payable by the ERS if I die before I begin receiving ERS benefits. Unless I designate below in the "% of Benefit" section, I understand that benefits will be paid to the beneficiaries listed below in equal shares. I further understand that 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 \_\_\_\_\_ SSN \_\_\_\_\_

% of Benefit \_\_\_\_\_ SSN \_\_\_\_\_

DOB \_\_\_\_\_ Relationship \_\_\_\_\_

DOB \_\_\_\_\_ Relationship \_\_\_\_\_

(3) Name \_\_\_\_\_

(4) Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

% of Benefit \_\_\_\_\_ SSN \_\_\_\_\_

% of Benefit \_\_\_\_\_ SSN \_\_\_\_\_

DOB \_\_\_\_\_ Relationship \_\_\_\_\_

DOB \_\_\_\_\_ Relationship \_\_\_\_\_

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

**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]