

# CHICOPEE CONTRIBUTORY RETIREMENT SYSTEM

274 Front Street, Chicopee, MA 01013

Tel: (413) 594-1542 Fax: (413) 594-1544

## **BENEFICIARY CHANGE FORM** **For Members & Retirees**

TO THE RETIREMENT BOARD:

In accordance with the provisions of Section 11 of Chapter 32 of the Massachusetts General Laws,

I, \_\_\_\_\_, social security number, \_\_\_\_\_, a member/retiree of the Chicopee Contributory Retirement System hereby nominate the following named beneficiary or beneficiaries in the proportion designated to receive any sum referred to in said which may be due at the time of my death:

### **BENEFICIARY INFORMATION**

	<b>Designation:</b>	<b>Proportion:</b>	
<b>Name:</b>	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
<b>Address:</b>	<input type="checkbox"/> Contingent	____ %	Date of Birth:
<b>City, State, Zip:</b>			Social Security #
	<b>Designation:</b>	<b>Proportion:</b>	
<b>Name:</b>	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
<b>Address:</b>	<input type="checkbox"/> Contingent	____ %	Date of Birth:
<b>City, State, Zip:</b>			Social Security #
	<b>Designation:</b>	<b>Proportion:</b>	
<b>Name:</b>	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
<b>Address:</b>	<input type="checkbox"/> Contingent	____ %	Date of Birth:
<b>City, State, Zip:</b>			Social Security #

**PLEASE SIGN BELOW:**

<b>MEMBER'S SIGNATURE (required)</b> _____	Date: _____
Member's Address: _____	Department: _____
_____	
<b>WITNESS SIGNATURE (required)</b> _____	Date: _____
<b>(Please note: this form may not be witnessed by one of your beneficiaries.)</b>	
<b>Witness Printed Name:</b> _____	

Beneficiaries may be changed at any time as long as a new form is completed. This form becomes void once a member retires.

If you pass away prior to retirement the payment of your accumulated total of deductions credited to your account in the annuity savings fund at the date of death will be divided amongst your beneficiaries. Payment made to your beneficiary or beneficiaries will be paid in one lump sum. A beneficiary that is a minor, payment will be made to the conservatorship of such minor.

A form with no signatures will not be accepted.

RETURN THIS FORM TO THE CHICOPEE CONTRIBUTORY RETIREMENT BOARD AT THE ABOVE ADDRESS.