

# CHICOPEE CONTRIBUTORY RETIREMENT SYSTEM

274 Front Street, Chicopee, MA 01013  
Tel: (413) 594-1542 Fax: (413) 594-1544

## OPTION D BENEFICIARY FORM

I, \_\_\_\_\_, a member of the Chicopee Retirement System, hereby nominate the beneficiary listed below, under the provisions of Massachusetts General Law, Chapter 32, section 12 (2) (d) to receive from the retirement system a benefit equal to the Option C retirement allowance which would otherwise have been payable to me in the event that I die before retiring.

I understand that I may change my beneficiary designation at any time prior to my retirement and that upon my retirement this form becomes void.

I also understand that this choice of Option D Beneficiary can be superseded if, at my death, I leave a spouse to whom I have married for over one year and with whom I am living with on the date of my death, or if living apart, for justifiable cause as determined by the Chicopee Retirement Board.

### Beneficiary

Name: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Beneficiary's Date of Birth: \_\_\_\_\_ Beneficiary's Social Security #: \_\_\_\_\_

(\*Please note we must receive a copy of the Beneficiary's birth certificate.)

### Member:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member's Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Member's Social Security #: \_\_\_\_\_

### To be completed by a witness of your choice (other than your beneficiary)

Witness Signature: \_\_\_\_\_

Witness' Name Printed: \_\_\_\_\_

\*\*An eligible beneficiary is defined under M.G.L. Chapter 32 Section 12 (2) (d) as the spouse, former spouse who has not remarried, child, father, mother, sister, brother of the member.