MUNICIPAL EMPLOYEE RETIREMENT SYSTEM - DESIGNATION OF BENEFICIARY

CO-931 MERS 9/2015

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
RETIREMENT SERVICES DIVISION

CHECK TYPES OF ACTIONS BEING SUBMITTED ON THIS FORM - THEN CONSULT APPLICABLE INSTRUCTIONS

☐ **NEW EMPLOYEE** ☐ **RE-EMPLOYED, MULTIPLE EMPLOYMENT** ☐ **EMPLOYEE NAME AND/OR ADDRESS CHANGE** ☐ **CHANGE IN BENEFICIARY(IES) NAME AND/OR ADDRESS**

I. EMPLOYEE INFORMATION

EMPLOYEE NAME (Last)	First Name	M.I.	SOC. SEC. NUMBER	DATE OF EMPLOYMENT	DATE OF BIRTH	GENDER ☐ MALE ☐ FEMALE

EMPLOYEE'S HOME ADDRESS (Street No., Name, City, State, Zip Code)	MARITAL STATUS ☐ SINGLE ☐ MARRIED	DATE OF MARRIAGE	NAME OF SPOUSE

EMPLOYING TOWN	TOWN ADDRESS	IS THIS EMPLOYEE CURRENTLY EMPLOYED BY ANOTHER TOWN? ☐ YES ☐ NO	IF YES, PROVIDE THE TOWN NAME
City of Bridgeport (015)	45 Lyon Terrace, Bridgeport, CT 06604		

II. RETIREMENT INFORMATION

RETIREMENT SYSTEM ☒ MUNICIPAL EMPLOYEE RETIREMENT SYSTEM ☐ POLICE & FIREMAN FUND

MEMBER ID	EMPLOYMENT STATUS Full-time ☒ Part-time ☐
N/A	

III. BENEFICIARY INFORMATION

IF THERE ARE MORE THAN (4) BENEFICIARIES DESIGNATED, CHECK THE BOX TO THE RIGHT AND ATTACH AN ADDITIONAL CO-931 FORM LISTING ADDITIONAL BENEFICIARIES ☐

NAME OF BENEFICIARY Last Name	First Name	M.I.	SOCIAL SECURITY NO.	NAME OF BENEFICIARY CONTINGENT ☐ Last Name	First Name	M.I.	SOCIAL SECURITY NO.
ADDRESS (Street No., Name)			RELATIONSHIP	ADDRESS (Street No., Name)			RELATIONSHIP
(City, State, Zip Code)	PERCENT		DATE OF BIRTH	(City, State, Zip Code)	PERCENT		DATE OF BIRTH

NAME OF BENEFICIARY CONTINGENT ☐ Last Name	First Name	M.I.	SOCIAL SECURITY NO.	NAME OF BENEFICIARY CONTINGENT ☐ Last Name	First Name	M.I.	SOCIAL SECURITY NO.
ADDRESS (Street No., Name)			RELATIONSHIP	ADDRESS (Street No., Name)			RELATIONSHIP
(City, State, Zip Code)	PERCENT		DATE OF BIRTH	(City, State, Zip Code)	PERCENT		DATE OF BIRTH

IV. MEMBER'S STATEMENT

I understand the provisions of the retirement plan and that, if applicable, I will be required to make contributions based upon my retirement plan designation. Further, I hereby revoke all previous appointments of beneficiaries made by me, if any, and designate the person(s) named above as beneficiary(ies) to receive upon my death any and all sums due from the Municipal Employee Retirement System. This designation shall remain in effect unless I subsequently change it by written notice to the Retirement Services Division.

EMPLOYEE'S SIGNATURE	DATE

AUTHORIZED TOWN SIGNATURE & TITLE	PHONE	DATE
	203-576-7105	