

EMPLOYEES' RETIREMENT SYSTEM (ERS)  
OF THE CITY OF MILWAUKEE  
789 North Water Street, Suite 300  
Milwaukee, WI 53202  
414-286-3557 or 1-800-815-8418

**INSTRUCTIONS FOR COMPLETING  
CHANGE OF BENEFICIARY FORM  
FOR RETIRED MEMBERS**

You - as a member in payment - have the option to designate a natural person(s), your estate or Trust to receive the remaining accumulated contributions account or the final pro-rated payment at the time of your death. In most cases, after three years of retirement, your account balance has been paid out. Therefore, the Employees' Retirement System would only pay a final pro-rated payment to your named beneficiary(ies) based on your date of death. Example: If you were to die on the fifth day of the month, we would pay five days of your pension to your named beneficiary(ies). Please note that the person(s) you name will have to provide a certified birth certificate, copy of his/her social security card, and other documentation at the time of your death in order to claim the benefit.

Enclosed is a Beneficiary Designation for Retired Members form. Please provide the full name, relationship, date of birth, and complete address for your designated beneficiary. If you are naming your Trust, please enclose a copy of the Trust's title page, the page(s) listing the names/addresses of the trustees and the signature page. You will need to sign the beneficiary form in the presence of two (2) witnesses. These witnesses cannot be someone named as a beneficiary. Once completed, please send the form to our office in the pre-addressed envelope provided for your convenience. You should make a copy for your records.

If you have any questions, please do not hesitate to contact this office and speak with a Pension Specialist at (414) 286-3557 or (800) 815-8418.

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**CHANGE OF BENEFICIARY FORM  
 FOR RETIRED MEMBERS  
 (ACCUMULATED CONTRIBUTION  
 BALANCE)**

I understand that I **cannot** change a survivorship designation. I can change the designation of who is to receive any balance in my contribution account or who is to receive the final prorated payment.

I hereby revoke all previous designated beneficiaries and direct that the following designation of beneficiary supersede any designation of beneficiary previously filed with the Employes' Retirement System.

**MEMBER / RETIREE INFORMATION**

<b>PERSON ID:</b>			<b>DATE OF BIRTH:</b>		
<b>NAME:</b>	<b>FIRST:</b>	<b>MI:</b>	<b>LAST:</b>		

**If the total benefit paid to me and my survivor does not equal the total of my accumulated contributions account,** the balance in my accumulated contributions account shall be paid in a lump sum to the following individual(s) or the estate of the last surviving recipient of a retirement allowance, or the following trust as designated, as equally or to the survivor(s).

BENEFICIARY	RELATIONSHIP	DATE OF BIRTH (mm/dd/ccyy)	STREET ADDRESS	CITY/STATE/ZIP

Upon my death, and death of my survivor, **if there is no remaining balance in my accumulated contributions account,** then the final prorated payment shall be paid to the following individual(s) or estate of the last recipient of retirement allowance, or the following trust as designated, as equally or to the survivor(s).

BENEFICIARY	RELATIONSHIP	DATE OF BIRTH (mm/dd/ccyy)	STREET ADDRESS	CITY/STATE/ZIP

**RELEASE:** I authorize the Annuity and Pension Board of the Employes' Retirement System to make the payment in accordance with the above designations and agree, on behalf of myself, my heirs and assigns, that payment so made shall constitute a release of the Employes' Retirement System; ERS officers, agents and employees will be released and discharged by the undersigned from any further liability with respect to such payment.

I further direct that, should any beneficiary so designated predecease me, the amount which otherwise would have been payable to such beneficiary shall become a part of and be paid to my estate.

**MEMBER / RETIREE AUTHORIZATION**

<b>SIGNATURE OF MEMBER/RETIREE</b>	<b>DATE OF SIGNATURE</b> (mm/dd/ccyy)                    /                    /
<b>WITNESS</b>	<b>DATE OF SIGNATURE</b> (mm/dd/ccyy)                    /                    /
<b>WITNESS</b>	<b>DATE OF SIGNATURE</b> (mm/dd/ccyy)                    /                    /

**ANY PERSON DESIGNATED AS A BENEFICIARY MAY NOT SIGN AS A WITNESS**