

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 BENEFICIARY DESIGNATION FORM

### **BENEFICIARY DESIGNATION FORM**

The following sections on the Beneficiary Designation form should be completed by you:

- **BENEFICIARY DESIGNATION BOX**
  - For new employees - check "Original Designation" box
  - For current employees - check "Change of Beneficiary" box
- **MEMBER INFORMATION**
  - If member information is entered on form, review for accuracy
  - If member information is not entered on form, enter your member information

- **PRIMARY BENEFICIARY**

ANY PERSON DESIGNATED AS A PRIMARY BENEFICIARY CANNOT BE NAMED AS CONTINGENT BENEFICIARY

- First choice of who you want to receive the death benefit
- Designate a natural person(s), your estate, or your Trust
- Provide the full name, relationship, date of birth, and complete address for your designated primary 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

- **CONTINGENT BENEFICIARY**

ANY PERSON DESIGNATED AS A CONTINGENT BENEFICIARY CANNOT BE NAMED AS PRIMARY BENEFICIARY

- This is your choice of who you want to receive the death benefit in the event your primary designated beneficiary predeceases you
- Designate a natural person(s), your estate, or your Trust
- You cannot name an organization as a beneficiary
- Provide the full name, relationship, date of birth, and complete address for your designated contingent beneficiary

- **MEMBER AUTHORIZATION**

- Your signature and date of signature

- **WITNESS**

- These two witnesses cannot be someone you named as a beneficiary
- Witness signatures and date of signatures

RETURN COMPLETED BENEFICIARY FORM TO:

Employees' Retirement System  
789 North Water Street, Suite 300  
Milwaukee, WI 53202

**Keep a copy of the Change of Beneficiary form for your records**

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**BENEFICIARY DESIGNATION**

**Original Designation**

**Change of Beneficiary**

**Instructions:** I hereby revoke all previous designated beneficiaries and direct that the following designation of beneficiary supersede any designation of beneficiary previously filed with the Employees' Retirement System. (Change of Beneficiary Only).

**MEMBER INFORMATION**

PERSON ID:		DATE OF BIRTH:	MARRIED: <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	FIRST:	MI:	LAST:

**PRIMARY BENEFICIARY DESIGNATION:** I hereby request that the Annuity and Pension Board of the Employees' Retirement System of the City of Milwaukee pay the total of my accumulated contributions in the Employees' Retirement System and the lump-sum death benefit payable on my account, if I am entitled to the same, should I die in active service, to the following person(s), trustee or to my estate.

**YOU CANNOT NAME AN ORGANIZATION AS A BENEFICIARY.**

**ANY PERSON DESIGNATED AS A PRIMARY BENEFICIARY CANNOT BE NAMED AS CONTINGENT BENEFICIARY.**

- If multiple beneficiaries are designated, distribute **equally to the survivors**. *Do not indicate percentages (%)*.  
**OR**  
 I wish to specify a **percentage payable to each listed beneficiary**. *Indicate percentages (%)*.

PRIMARY BENEFICIARY(S): Name and Address	RELATIONSHIP:	DATE OF BIRTH:	PERCENTAGE:

**CONTINGENT BENEFICIARY DESIGNATION:** I further direct that, if the above designated person(s) or trustee predeceases me, the Annuity and Pension Board is hereby instructed and authorized to pay to the following as the contingent beneficiary or beneficiaries, such amounts as are due and payable on my account without any further action on my part or any further notification to the Annuity and Pension Board, should I die in active service.

**ANY PERSON DESIGNATED AS A CONTINGENT BENEFICIARY CANNOT BE NAMED AS PRIMARY BENEFICIARY.**

- If multiple beneficiaries are designated, distribute **equally to the survivors**. *Do not indicate percentages (%)*.  
**OR**  
 I wish to specify a **percentage payable to each listed beneficiary**. *Indicate percentages (%)*.

CONTINGENT BENEFICIARY(S): Name and Address	RELATIONSHIP:	DATE OF BIRTH:	PERCENTAGE:

**MEMBER AUTHORIZATION**

Signature of Member: _____	Date of Signature: _____
Address: _____	Phone #: _____

**2 WITNESSES REQUIRED - ANY PERSON NAMED AS A BENEFICIARY MAY NOT SIGN AS A WITNESS.**

Witness: _____	Date of Signature: _____
Witness: _____	Date of Signature: _____