

IF LIVING, OTHERWISE TO:

Full Name of Successor Refund Beneficiary	Relationship to Member	Social Security No.*	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YY)
Street Address		City	State	Zip Code

B. Survivor Beneficiary. Section 28 of the MERS Plan Document states that an active member or vested former member may designate one survivor beneficiary to receive a lifetime monthly benefit in the event of the member or vested former member's death. If you are married, your spouse is "automatically" your survivor beneficiary, unless that right is "given up" (*See* Section IV). Your beneficiary designation becomes legally effective when you vest, and supersedes all previous beneficiary designations. The survivor beneficiary must have an insurable interest in your life at the time of naming. Examples of individuals with an "insurable interest" include immediate family members (a child, grandchild, sibling, parent, or grandparent) or persons with whom you have purchased property in joint tenancy. You may change your survivor beneficiary designation at any time prior to the date of retirement.

If you are married, complete this part only if you and your spouse want to name someone other than your spouse as survivor beneficiary (spousal consent required under Section IV). If you are not married, use this section to name your survivor beneficiary. If the survivor beneficiary is not an immediate family member, complete and attach the Affidavit of Insurable Interest form (available at www.tgrsbenefits.org).

Full Name of Survivor Beneficiary	Relationship to Member	Social Security No.*	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YY)
Street Address		City	State	Zip Code

SECTION IV. SPOUSAL WAIVER MUST BE COMPLETED IF SPOUSE IS WAIVING ANY "AUTOMATIC" BENEFITS

By my signature, I voluntarily and knowingly forfeit ("give up") my automatic right to be my spouse's beneficiary (check either or both)

- Refund Beneficiary if no TGRS-MERS benefit is otherwise payable**
- Survivor Beneficiary to receive lifetime monthly benefits in the case of death before retirement, and agree with my spouse's designation of the individual(s) named in Sections II and/or III to receive the benefit(s) instead of me.**

_____ **Signature of Spouse** _____ **Date**

SECTION V: MEMBER CERTIFICATION

I DECLARE THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Member	Date	Signature of Witness	Date
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IF YOU HAVE PREVIOUS CREDITED SERVICE WITH THIS TRIBE WHICH YOU WOULD LIKE TO RESTORE, PLEASE CONTACT TGRS FOR ADDITIONAL INFORMATION.

SECTION VI: NEW TRIBE CERTIFICATION OF PRIOR SERVICE

Certification (must be completed by a Tribal Government Officer or designated authority):

Does the member have prior service? Yes No

If "Yes," then complete all items below; if "No," sign and date only.

I CERTIFY THAT THE ABOVE EMPLOYEE IS TO BE CREDITED WITH THE FOLLOWING PRIOR SERVICE RENDERED TO THIS TRIBAL GOVERNMENT PRIOR TO THE DATE THE TRIBE JOINED TGRS.

Credited Service Years Months	Date Tribal Government joined TGRS-MERS	Authorized Signatory	Date
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*Protected information required for tax and actuarial purposes only.

If you have speech or hearing difficulties and need assistance completing this form, contact the Michigan Relay Center at 1-800-649-3777. If you have other disabilities, contact TGRS-MERS at 1-877-641-8477, to request special accommodations.