

STATEMENT OF SURVIVOR BENEFICIARY

I, _____, certify that I am the person named
 (Name - First, Last, Middle)
 as survivor beneficiary by _____
 (Name of Deceased)
 in his/her election of a survivor beneficiary while an active member. I further certify that I was
 born on _____.
 (MM/DD/YY)

_____ Date _____ Signature of Survivor Beneficiary
 _____ Date _____ Signature of Witness

SURVIVOR BENEFICIARY DATA			
Social Security No.*	Street Address		
Daytime Phone No. ()	City	State	Zip Code

NOTE: THIS STATEMENT MUST BE ACCOMPANIED BY A COPY OF THE MEMBER'S DEATH CERTIFICATE.

RETURN TO: Tribal Government Retirement System c/o TGRS-MERS
 1134 Municipal Way
 Lansing, MI 48917
 Phone: (877) 641-8477 • Fax: (517) 703-9706

*Protected information required for tax and actuarial purposes.

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.