

## STATEMENT OF BENEFICIARY

I, \_\_\_\_\_, certify that I am the person named as  
 (Name - First, Middle, Last)

beneficiary by \_\_\_\_\_ in his or her selection of  
 (Name of Deceased Retiree)

\_\_\_\_\_ at the time of his or her retirement. I further certify that I was born  
 (Option Election)

\_\_\_\_\_.  
 (MM/DD/YY)

**Signature of Beneficiary:** ► \_\_\_\_\_  
 Signature Date

BENEFICIARY PERSONAL DATA	
Social Security No.*	Street Address
City, State, Zip Code	Home Phone No. (      )

**Signature of Witness:** ► \_\_\_\_\_  
 Signature Date

**NOTE: THIS STATEMENT MUST BE ACCOMPANIED BY A COPY OF RETIREE'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.