OAKLAND COUNTY EMPLOYEES' RETIREMENT SYSTEM

NOMINATION OF BENEFICIARY

DEFINED BENEFIT RETIREMENT PLAN ONLY

Do not complete this form if you are a member of the 401(a) Defined Contribution plan.

Return to: HUMAN RESOURCES DEPT 440 – RETIREMENT UNIT

(Please print)

In the event of my death, I, _____, hereby direct
(Please print name)
The Retirement Commission of the Oakland County Employees' Retirement System to pay the

accumulated contributions or any final payments standing to the following individual(s):

_____ _____.
(Give full name of Beneficiary) (Relationship)

Whose date of birth is: _____/_____/_____ _____
(Address of Beneficiary)

_____

_____
(Beneficiary's Phone No.)

Contingent Beneficiary: In the event that the above individual(s) are not living, pay to:

_____ _____.
(Give full name of Beneficiary) (Relationship)

Whose date of birth is: _____/_____/_____ _____
(Address of Beneficiary)

_____

_____
(Beneficiary's Phone No.)

If none of the above are living, pay to my estate.

In executing this "Nomination of Beneficiary", I hereby declare that any and all previous nominations of beneficiaries shall become null and void.

_____ _____
(Signature of Retiree/Employee) (Date)

_____
(Employee ID #)

_____ _____
(Signature of Witness) (Date)