



Defined Benefit Plan - Beneficiary Designation Form

Defined Benefit Plan: Plan 1 Plan 2 Plan 3 Plan 5 Plan 6

Please Check One: Initial Designation Change Additional Sheet (see Note under the Employee Information section)

This form is for active or deferred members of the Wayne County Employees' Retirement System. The person(s) that you designate as your beneficiary or beneficiaries on this form will receive the retirement system benefits payable upon your death. After you have completed and signed this form, please fax to (313) 224-1917 or mail to 28 West Adams, Suite 1900, Detroit MI 48226. To change your beneficiary or beneficiaries address, marital status, or other information, please complete and fax or mail a new form to the above address.

Employee Information:

Note - If this form does not provide enough space, you may attach additional sheets. You MUST fill out your name, employee ID, and social security number and sign and date the bottom of each additional page.

Full Name (First, Middle, Last)

Social Security Number

Date of Birth

Employee ID Number

Daytime Phone Number

Mailing Address (Address, City, State, Zip)

Email Address

Beneficiary Designation: primary

The primary beneficiary or beneficiaries will receive benefits when you die. The contingent beneficiary or beneficiaries will receive benefits ONLY if the primary is deceased.

Full Name (First, Middle, Last)

Date of Birth

Social Security Number

Mailing Address (Address, City, State, Zip)

Percentage

Relationship

Beneficiary Designation: primary contingent check if this is an address change for your beneficiary

Full Name (First, Middle, Last)

Date of Birth

Social Security Number

Mailing Address (Address, City, State, Zip)

Percentage

Relationship

Beneficiary Designation: primary contingent check if this is an address change for your beneficiary

Full Name (First, Middle, Last)

Date of Birth

Social Security Number

Mailing Address (Address, City, State, Zip)

Percentage

Relationship

REQUIRED - Please sign and date this section. I hereby affirm that the information on this form is true and correct and authorizes Wayne County Employees Retirement System to update my WCERS account with this information.

Your Signature

Date Signed