



# NORTH ATTLEBORO CONTRIBUTORY RETIREMENT SYSTEM

## Option D Selection Form

I, \_\_\_\_\_, a member of the NORTH ATTLEBOROUGH CONTRIBUTORY RETIREMENT SYSTEM hereby nominate under Option D effective under the provisions of section 12(2) of Chapter 32 of the General Laws as amended

\_\_\_\_\_ (Name of Eligible Beneficiary)\*

of \_\_\_\_\_ (Beneficiary Address)\*

whose date of birth is \_\_\_\_/\_\_\_\_/\_\_\_\_ and Social Security Number is \_\_\_\_-\_\_\_\_-\_\_\_\_ to receive from the retirement system the amount of Option C retirement allowance, which would otherwise be payable to me in the event I die before being retired.

**Please read and check each of the following**

***In the event of my retiring, Option D form becomes void.***

***I understand that my submitting this form, it will replace any Option D form already on file.***

***BIRTH RECORD OF THE BENEFICIARY IS FILED WITH THIS FORM (REQUIRED)***

**Please check is the beneficiary is SPOUSE:**

***A COPY OF MARRIAGE CERTIFICATE IS FILED WITH THIS FORM (REQUIRED)***

\_\_\_\_\_  
Member Signature

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
Member Address

Social Security No: \_\_\_\_\_

\_\_\_\_\_  
Witness Signature

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
Witness Address

To withdraw an Option D form prior to retirement, your **withdrawal request must be submitted to the Board in writing**. If you choose to withdraw the Option D Form, complete a Change of Beneficiary Form to update beneficiary designation for lump sum distribution purposes. **PLEASE NOTE: Selection of a beneficiary here does not impact your eligible spouse's right to elect a retirement allowance should you pass away prior to retirement. I understand this choice of Option D beneficiary may be superseded by an election under G.L. c.32,s.12(2)(d) if I die leaving an eligible spouse who elects to receive a monthly benefit.**

\*Eligible Beneficiary is defined in the statute as spouse, child, father, mother, sister or brother of member, or unmarried former spouse, and **please note that this form must be witnessed by someone other than the Option D beneficiary. A form witnessed by the Option D beneficiary will be invalid.**

Over for Change of Name/Change of Beneficiary (other than Option D selection)