



## 457 Beneficiary Designation Form

Please print clearly • See attached guide for details • Retain a copy for your records

**For employer use only** – Return completed copy of form to MERS

Name of employer*	Municipality number (4 digits)*	Division number (6 digits)*
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### 1. Information about you

Last name*	First name*	MI	Social Security Number*
Email address			

Marital status\*     Single     Married

Are you changing beneficiaries as a result of divorce or death? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," include with this form a complete copy of the judgment of divorce and any Eligible Domestic Relations Order (EDRO) entered by the court, or death certificate.  Former beneficiary's (or spouse's) full name
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### 2. Primary beneficiary

I hereby designate the following person(s) as primary beneficiary(ies) of my account under the plan if I should die prior to the payout of my account.

Name of primary beneficiary*	Relationship*	SSN*	Date of birth (mm/dd/yyyy)*	Percentage*

If you want to add more beneficiaries, please attach a separate list that you have signed and dated. Must equal 100%

### 3. Contingent beneficiary

In the event there is no living primary beneficiary(ies) at my death, I hereby designate the following person(s) as contingent beneficiary(ies) of my account under the plan.

Name of contingent beneficiary*	Relationship*	SSN*	Date of birth (mm/dd/yyyy)*	Percentage*

If you want to add more beneficiaries, please attach a separate list that you have signed and dated. Must equal 100%

### 4. Required signature

I have completed, understand and agree to all pages of this *457 Beneficiary Designation Form* and guide. I hereby revoke all my prior designations (if any) of primary and contingent beneficiaries.

Participant signature*	Date (mm/dd/yyyy)*
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\* Required field

# Step-by-Step Guide to Completing the 457 Beneficiary Designation Form

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This form is available for download at [www.mersofmich.com](http://www.mersofmich.com).

Please print clearly. Fields with an asterisk (\*) are required fields and must be completed to submit the form accurately.

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The Employer Verification\* section should be filled out by your employer, so proceed directly to Step 1. Information about you.

## 1. Information about you

This section gathers basic information about you – your legal name and Social Security number, and current marital status. If you are changing your beneficiary due to divorce or death, check the “Yes” or “No” box. If you check the “Yes” box, due to a divorce, include all pages of the final copy from the judgment of divorce and any eligible domestic relations order (EDRO/QDRO) ordered by the court. If you are completing this form for the first time or have made recent changes to your personal information, please be sure to complete the *Personal Information Form (MD-001)*. You can download the form at [www.mersofmich.com](http://www.mersofmich.com) or call 800.767.MERS (6377) to have a form mailed to you.

## 2. Primary Beneficiary

Enter the legal name, relationship to you, Social Security number, date of birth, and the percentage to be received of person/people you wish to list as beneficiary(ies). If listing more than one person, the percentage total must equal 100%.

If you want to add more beneficiaries, please attach a separate list that you have signed and dated.

## 3. Contingent beneficiary

In the event there is no primary beneficiary(ies) upon your death, please designate your contingent beneficiary(ies). Please list their name, relationship to you, Social Security number, date of birth, and the percentage they are to receive. If listing more than one person, the percentage total must equal 100%.

If you want to add more beneficiaries, please attach a separate list that you have signed and dated.

## 4. Required signature\*

Your signature acknowledges that you have read and agree to the terms of this agreement. Your signature voids all prior designations of your primary and contingent beneficiaries.

MERS will only use the information listed on this form for identification and documentation. Your Social Security numbers are classified information and will not be shared without your written consent.

## When you have completed this form, please mail it to MERS' recordkeeper at:

Alerus Retirement Solutions  
P.O. Box 64535  
St. Paul, MN 55164

*If you have speech or hearing difficulties and need assistance completing this form, contact the Michigan Relay Center at 800.649.3777. If you have other disabilities, contact MERS at 800.767.MERS (6377) to request special accommodations.*