



Designation of Beneficiary/Beneficiaries

Employee and Retiree Service Center
MONTGOMERY COUNTY PUBLIC SCHOOLS
45 West Gude Drive, Suite 1200, Rockville, Maryland 20850

MCPS Form 455-5
August 2015

INSTRUCTIONS: Please return completed form to the address listed above. Print clearly. Retain a copy for your records.

Is this request to change beneficiary/beneficiaries? Yes No

Working Vested Retired (if retiring, retirement date ____/01/____)

IMPORTANT: (If you are retired under Option C or D, STOP. You cannot change your beneficiary.)

EMPLOYEE ID NUMBER: 0000 _____ **SOCIAL SECURITY NUMBER Last 4 digits** _____

NAME (PLEASE PRINT)

First _____ MI _____ Last _____

HOME ADDRESS

Street _____ City _____ State _____ Zip Code _____

Subject to the terms of the Montgomery County Public Schools Employees' Retirement Pension, and Reformed Pension System (Plan), I request that any sum becoming payable by reason of my death be payable to the following beneficiary/beneficiaries. (Enter name, address, social security number, and relationship to you.)

Check if you used an additional MCPS Form 455-5 to name additional primary beneficiaries.

PRIMARY BENEFICIARY/BENEFICIARIES

Relationship* _____ SS No. _____ - _____ - _____ Gender M F Date of Birth (MM/DD/YYYY) ____/____/____

Name _____ Address _____

**If spouse, please indicate state/jurisdiction where marriage license issued: _____ Date of marriage ____/____/____*

Relationship _____ SS No. _____ - _____ - _____ Gender M F Date of Birth (MM/DD/YYYY) ____/____/____

Name _____ Address _____

CONTINGENT BENEFICIARY/BENEFICIARIES (if none of the above named Primary Beneficiary/Beneficiaries survive me.)

Check if you used an additional MCPS Form 455-5 to name additional contingent beneficiaries.

Relationship* _____ SS No. _____ - _____ - _____ Gender M F Date of Birth (MM/DD/YYYY) ____/____/____

Name _____ Address _____

Relationship* _____ SS No. _____ - _____ - _____ Gender M F Date of Birth (MM/DD/YYYY) ____/____/____

Name _____ Address _____

I designate the above named person(s) as the beneficiary or beneficiaries to whom I request Montgomery County Public Schools (MCPS) to pay in the event of my death in active service, the total amount of the accumulated contributions standing to my credit in the Plan and, if I have completed at least one year of creditable service upon my death in active service, the death benefit as indicated in Section 13 of the Plan.

I hereby authorize Aetna Life Insurance Company to make payment to the beneficiary or beneficiaries, whom I have inserted above and agree on behalf of myself and my heirs and assigns, that payment so made shall be a complete discharge of the claim and shall constitute a release of MCPS from any further obligation on account of the benefit. I hereby direct that should both the primary and contingent beneficiary or beneficiaries of the above-named benefit predecease me, the amount which otherwise would have been payable to such beneficiary or beneficiaries, shall become a part of and be paid to my estate, or to such other beneficiary or beneficiaries as I shall hereafter nominate, by written designation filed with MCPS, in accordance with the rules and regulations prescribed by the Plan.

If more than one person is named beneficiary, any benefit payments that they may become entitled to receive from MCPS will, unless provided herein, be paid in equal shares to such of the designated persons, survivor or survivors, as shall be living at the time of my death.

Employee Signature _____ Date _____