

# Monroe County Employees Retirement System

840 South Roessler Street, Monroe, MI 48161-1557 (734) 241-1174



## CHANGE OF NOMINATION OF BENEFICIARY

To: The Board of Trustees:

I, \_\_\_\_\_, being a member of the Monroe County Employees Retirement System, do hereby revoke and cancel my previous nomination of beneficiary and direct the Board of Trustees of the Monroe County Employees Retirement System to pay the accumulated contributions standing to my credit in the event of my death before retirement to:

\_\_\_\_\_  
Name of Beneficiary

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

If living, whose relationship to me is \_\_\_\_\_, whose address is \_\_\_\_\_.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

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

PLEASE RETURN TO:  
MONROE COUNTY EMPLOYEES RETIREMENT SYSTEM  
840 SOUTH ROESSLER STREET  
MONROE, MI 48161