

NOMINATION OF BENEFICIARY

**DEFINED BENEFIT RETIREMENT PLAN ONLY**

Do not complete this form if you are a member of the ICMA Defined Contribution plan.

**Return to: HUMAN RESOURCES DEPT 440 – RETIREMENT UNIT**

(Please print)

In the event of my death, I, \_\_\_\_\_, hereby direct  
(Please print name)  
the Retirement Commission of the Oakland County Employees= Retirement System to pay the  
accumulated contributions or any final payments standing to the following individual(s):

_____	_____
(Give full name of Beneficiary)	(Relationship)
Whose date of birth is: ____/____/____	_____
	(Address of Beneficiary)
	_____
	(Beneficiary=s Phone No.)

Contingent Beneficiary: In the event that the above individual(s) are not living, pay to:

_____	_____
(Give full name of Beneficiary)	(Relationship)
Whose date of birth is: ____/____/____	_____
	(Address of Beneficiary)
	_____
	(Beneficiary=s Phone No.)

if none of the above are living, pay to my estate.

In executing this ANomination of Beneficiary=, I hereby declare that any and all previous nominations of beneficiaries shall become null and void.

_____	_____
(Signature of Retiree/Employee)	(Date)
	_____
	(Employee ID #)
_____	_____
(Signature of Witness)	(Date)