



# MCPS Core and/or Supplemental Pension Plans Designation of Beneficiary/Beneficiaries

MCPS Form 455-5  
October 2019

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

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

**Is this request to change your MCPS Core and/or Supplemental Pension Plan 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. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

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

Relationship \_\_\_\_\_ SS No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate (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. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship\* \_\_\_\_\_ SS No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate (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.

I understand that my electronic submission of this form, and my electronic signature, are intended to be, constitute, and are equivalent to my personal signature.

Date

Employee Signature