



Plymouth County Retirement Association
60 Industrial Park Road
Plymouth, MA 02360
Phone number (508) 830 - 1803 * Fax number (508) 830 - 1875

RETIREE/SURVIVOR BENEFICIARY FORM

Please complete this form if you retired under Option A or Option B or are receiving a monthly survivor benefit only. You may change your beneficiary(ies) at any time during your retirement by completing a new Retiree/Survivor Beneficiary Form. **If you need more space for additional beneficiaries, please print additional copies of this page, fill in the information and indicate how many pages submitted. Pages submitted if more than one .**

Option A or Survivor of a PCRA member – Lump-sum payment of any benefits due that you earned in the month of your passing that have not yet been issued.

Option B – Lump-sum payment of the remainder of your annuity savings fund, if any, on the date of your passing and any benefits due that you earned in the month of your passing that have not yet been issued.

Section 1 – Benefit Recipient Information

Name _____ SS# XXX - XX - _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

E-mail _____

Your Status: Retiree/Option A Retiree/Option B Survivor

****Do NOT use this form if you are an Active member or retired under Option C****

Section 2 – Beneficiary Information

1) Name _____	Percentage <input type="text"/> %
Address _____	
Relationship _____ Date of Birth ____/____/____ SS# _____ - _____ - _____	
2) Name _____	Percentage <input type="text"/> %
Address _____	
Relationship _____ Date of Birth ____/____/____ SS# _____ - _____ - _____	
3) Name _____	Percentage <input type="text"/> %
Address _____	
Relationship _____ Date of Birth ____/____/____ SS# _____ - _____ - _____	

The total sum of all the percentages above must equal 100%.

Benefit Recipient's Signature _____ **Date** ____/____/____