

**MUNICIPAL EMPLOYEE RETIREMENT SYSTEM - DESIGNATION OF BENEFICIARY FOR DROP
(DEFERRED RETIREMENT OPTION PLAN) ACCOUNT**

CO-1251 MERS 12/2024

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
RETIREMENT SERVICES DIVISION

CHECK TYPES OF ACTIONS BEING SUBMITTED ON THIS FORM - THEN CONSULT APPLICABLE INSTRUCTIONS

- NEW DROP EMPLOYEE CHANGE IN BENEFICIARY(IES) NAME AND/OR ADDRESS

I. EMPLOYEE INFORMATION

EMPLOYEE NAME (Last)	First Name	M.I.	SOC. SEC. NUMBER	DATE OF EMPLOYMENT	DATE OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
EMPLOYEE'S HOME ADDRESS (Street No., Name, City, State, Zip Code)			MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED		DATE OF MARRIAGE	NAME OF SPOUSE	
EMPLOYING TOWN	TOWN ADDRESS		IS THIS EMPLOYEE CURRENTLY EMPLOYED BY ANOTHER TOWN? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE THE TOWN NAME		

II. RETIREMENT INFORMATION

RETIREMENT SYSTEM MUNICIPAL EMPLOYEE RETIREMENT SYSTEM POLICE & FIREMAN FUND

MEMBER ID	EMPLOYMENT STATUS Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
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III. BENEFICIARY INFORMATION

IF THERE ARE MORE THAN (4) BENEFICIARIES DESIGNATED, CHECK THE BOX TO THE RIGHT AND ATTACH AN ADDITIONAL CO-1251 FORM LISTING ADDITIONAL BENEFICIARIES

NAME OF BENEFICIARY			SOCIAL SECURITY NO.	NAME OF BENEFICIARY CONTINGENT <input type="checkbox"/>			SOCIAL SECURITY NO.
Last Name	First Name	M.I.		Last Name	First Name	M.I.	
ADDRESS (Street No., Name)			RELATIONSHIP	ADDRESS (Street No., Name)			RELATIONSHIP
(City, State, Zip Code)		PERCENT	DATE OF BIRTH	(City, State, Zip Code)		PERCENT	DATE OF BIRTH

NAME OF BENEFICIARY CONTINGENT <input type="checkbox"/>			SOCIAL SECURITY NO.	NAME OF BENEFICIARY CONTINGENT <input type="checkbox"/>			SOCIAL SECURITY NO.
Last Name	First Name	M.I.		Last Name	First Name	M.I.	
ADDRESS (Street No., Name)			RELATIONSHIP	ADDRESS (Street No., Name)			RELATIONSHIP
(City, State, Zip Code)		PERCENT	DATE OF BIRTH	(City, State, Zip Code)		PERCENT	DATE OF BIRTH

IV. MEMBER'S STATEMENT

I understand the provisions of the retirement plan and that, if applicable, I will be required to make contributions based upon my retirement plan designation. I hereby revoke any and all appointments of beneficiaries I may previously have made for my DROP account balance, and I designate the person(s) named above as beneficiary(ies). In the event of my death, the person(s) named above shall receive any and all sums that have been and/or will have been credited to my DROP account. This designation shall remain in effect unless I subsequently change it by written notice to the Retirement Services Division. I understand that this designation relates solely to funds credited to my DROP account; the designation of a person to receive pension benefits after my death must be made through a separate, one-time election.

EMPLOYEE'S SIGNATURE	DATE
AUTHORIZED TOWN SIGNATURE & TITLE	PHONE
	DATE