



200 Orange Street, 4th Floor, Suite 405
New Haven, Connecticut 06510
Tel. (203) 946-8296 - Fax (203) 946-5791

CITY OF NEW HAVEN
CITY EMPLOYEES' RETIREMENT FUND (CERF)
BENEFICIARY FORM

INSTRUCTIONS

Purpose of the Beneficiary Form - The purpose of this form is for you to designate a beneficiary(ies) for the return of your contributions to CERF (and for vested CERF members (members of CERF for at least 10 years), the return of your contributions with 3% interest) in the event of your death under the following limited circumstances (i) you die while an active employee of the City of New Haven (the "City") and you do not leave a spouse or children who would be entitled to survivors' benefits under the CERF Plan, (ii) you die while an active employee of the City but you have not been employed by the City for six months or more at the time of your death or (iii) you are a Conditional Member of CERF (i.e. you were vested and no longer work for the City) and you have not begun to collect a retirement benefit from CERF at the time of your death. The benefits payable to your survivors (your spouse, your children under age 18) are set forth in separate provisions of the CERF Plan, and if benefits are payable to your survivors, your contributions will not be paid to any beneficiary that you designate in this form.

Naming your beneficiary – You may name any person or entity to whom you wish your contributions to be paid under the circumstances described in the paragraph above. You may name more than one beneficiary. You can also name a contingent beneficiary who will be entitled to the return of your contributions if your primary beneficiary is not living at the time of your death. You can change the primary and contingent beneficiaries at any time. If there are no primary or contingent beneficiaries alive at the time of your death to receive the return of your contributions that are to be paid under the CERF Plan, the contributions will be paid to your Estate.

Employee Name: _____

Current Mailing Address: _____

Personal Email Address: _____

Social Security Number: _____

Date of Birth: _____ Phone Number: _____

In the event of my death, I hereby authorize the payment of my contributions, if such contributions are eligible to be paid to:

A. Primary Beneficiary(ies) (Your contributions will be paid to the following if such contributions are payable.)

Name & Address	Home Phone, Cell Phone & Email Address	Relationship	% of Plan Benefit	Date of Birth & SSN
1.				
2.				
3.				
4.				

Total: 100%

B. Contingent Beneficiary(ies) (Will receive indicated portions of your contributions if no Primary Beneficiary(ies) survive you.)

Name & Address	Home Phone, Cell Phone & Email Address	Relationship	% of Plan Benefit	Date of Birth & SSN
1.				
2.				
3.				
4.				

Total: 100%

The form must be signed below by a Notary Public.

Employee Signature: _____

Witnessed by:

The above-named _____ on the ___ day of _____, 20___, personally sworn to me.

Signature of Notary Public

Date

Printed name of Notary Public

Notary Public, my commission expires: _____(Notary Seal)

IMPORTANT: Send original to the City Employees' Retirement Fund
200 Orange Street, 4th Floor, Suite 405, New Haven, CT 06510

Retain one copy in Pension Office file