MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202-6700

JUDGES' RETIREMENT SYSTEM
DESIGNATION OF BENEFICIARY

IMPORTANT: Turn to page 2 and read the instructions first. Fill in all sections. Print in ink or type.

FOR RETIREMENT USE ONLY

FORM 4.1 (REV. 5/21)

APPLICANT'S SOCIAL SECURITY NUMBER

CHECK ONE: ☐ Working ☐ Retired ☐ Former Member

If retiring, retirement date _____

☐ Check if you used an additional Form 4.1 to name additional beneficiaries.

APPLICANT'S NAME

First Initial Last

HOME ADDRESS

Number and Street

City State Zip Code

Block A As a member of the Judges' Retirement System you must designate your spouse as your sole beneficiary.

Spouse's Social Security Number

Gender: (M or F) Birthdate: Month Day Year

SPOUSE'S NAME

First Initial Last

Spouse's address: _____

Block B List dependent children or designate other beneficiaries (if you do not have a spouse.)

BENEFICIARY'S NAME RELATIONSHIP: _____ Gender: (M or F) Birthdate: Month Day Year

First Initial Last

Beneficiary's address: _____

BENEFICIARY'S NAME RELATIONSHIP: _____ Gender: (M or F) Birthdate: Month Day Year

First Initial Last

Beneficiary's address: _____

BENEFICIARY'S NAME RELATIONSHIP: _____ Gender: (M or F) Birthdate: Month Day Year

First Initial Last

Beneficiary's address: _____

TO THE MARYLAND STATE RETIREMENT AGENCY

I authorize the Maryland State Retirement Agency to pay the death benefit to my designated beneficiary or beneficiaries. I agree on behalf of my estate, heirs and assigns that the payment made by the agency will release the agency from any further obligation regarding this benefit. I direct the agency to pay the death benefit to my estate if I have no spouse or dependent children and I have not designated any beneficiary or if all of the beneficiaries I have named die before me. I understand certain payment due to a minor shall be made only to the legal guardian of that minor.

Signature_____ **Date Signed**_____

This form must be signed and notarized in order to be valid.

(✓) **4** Judges' Retirement Plan

Sign in the Presence of a Notarial Officer (Notary Public, Clerk of the Court, etc.)

State of _____, County of _____ (or City of Baltimore)

Official stamp must be affixed

This form was acknowledged before me on the _____ day of _____, 20___,

By _____.

Name of individual whose signature is being acknowledged*

Signature of Notarial Officer _____

Title of office (Notary Public, Clerk of the Court, etc.) _____ My commission expires _____

☐ Check here if this notarial act involved a remotely located individual and the use of communication technology.

* IMPORTANT: If the name of the individual whose signature is being notarized is not filled in, this form will be invalid and have no legal effect.

PLEASE READ CAREFULLY BEFORE FILING OUT FORM

Purpose of this form:

Active/Former Members:
Complete this form to designate your spouse, dependent children or, when acceptable, to designate another beneficiary(ies) you want to receive any annuity or death benefits payable if you die while employed.

- **Spouse:** Your spouse must be your sole beneficiary - Complete Block A. If you are married, you may list your dependent child or children in Block B to receive benefits only if there is no surviving spouse at your death or in the event you and your spouse are deemed to have died at the same time.
- **Dependent Children:** If you have no spouse, you must designate your dependent children (children under age 18). Complete Block B only.
- **Other Beneficiaries:** If there is no spouse or dependent children, you may designate one or more beneficiaries to receive a lump sum death benefit only. Complete Block B. You may designate your estate, a trust, or a charitable organization (filing directions below). The death benefit for active members equals one year's annual salary plus the return of employee accumulated contributions. For former members, only the employee accumulated contributions are returned. Should a member or former member marry or remarry, the designation is void.
- Payment to your spouse or dependent children is in the form of a monthly annuity. Your surviving spouse receives payment for life. Dependent children share equally in the benefit annuity until age 18. Payments end to each dependent child at age 18. Payment to minor children may require naming of a legal guardian. You cannot use this from to name a legal guardian for your dependent children.

Retirees
Complete Block B if you have no spouse or dependent children and you are electing an optional allowance - Complete Block B.

- You may only designate one beneficiary under Options 2, 3, 5, or 6.
- You may designate one or more beneficiaries under Option 1 or Option 4 who will share equally in any payments due at your death.
- You may designate your estate, a trust, or a charitable organization under Option 1 or 4 only.
- After the first payment of the retirement allowance is due, neither the designated beneficiary(ies) nor option may be changed.

Filing directions for:

Your estate:
You may name "my estate." Do not name a personal representative of your estate as your beneficiary. Instead, use the space provided beneficiary's address to show the address of the person or business that will administer your estate.

Trustee:
If you have established an Agreement of Trust or Testamentary Trust, you may name "Trustee as appointed by Agreement of Trust or Will" in the space provided for the beneficiary's address. Give the address of the Trustee or of the person or business that will administer the trust.

Church or charitable organization:
List the complete corporate or legal name.

Multiple plan memberships:
If you are a member of more than one system, you must properly complete a *Designation of Beneficiary* (Form 4) for each system (Employees', Teachers', Correctional Officers', Law Enforcement Officers' and State Police plans.) Judges use Form 4.1. Legislators use Form 55.