

**DESIGNATION OF BENEFICIARY INFORMATION**

*(After completing this form, make a copy for your records.)*

**1. a. MEMBER'S NAME** *(Last, first, middle initial)*

**b. SSN**

**c. Address** *(Street, Apartment Number, City, State, ZIP)*

**2. DESIGNATED BENEFICIARY INFORMATION**

**a. BENEFICIARY'S NAME** *(Last, first, middle initial)*

**b. SSN**

**c. Relationship to Member**

**d. Beneficiary's Address** *(Street, Apartment Number, City, State, ZIP)*

**3. Member Signature**

**Date Signed**

\*After completing this form, please return it to:

Michigan Association of Governmental Employees (MAGE)  
OPEIU Local 2002  
6920 South Cedar Street, Suite 7  
Lansing, Michigan 48911