

## IAP: Revocation of Spousal Beneficiary Designation

**Important: Read instructions before you complete and submit enclosed forms.**

### General Instructions

- Print clearly in black ink. Illegible forms may be returned. This could delay your request.
- Fill in Section A. Member Information, completely. Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. Failure to supply your SSN may delay processing. All other information is mandatory.
- Do not change anything on the form; alterations will void the form.
- Make sure any form requiring a notary is notarized.

### Information

If a member of the individual account program (IAP) is married at the time of death or there exists at the time of death any other person who is constitutionally required to be treated in the same manner as a spouse for the purpose of retirement benefits, the spouse or other person shall be the beneficiary for purposes of the IAP death benefit unless:

1. the spouse or other person consents to the designation of a different beneficiary or beneficiaries before the designation has been made, and
2. the consent has not been revoked by the spouse or other person as of the time of the member's death.

Consent by the spouse or other person to the designation of a different beneficiary or beneficiaries must be submitted to PERS on the *PERS IAP: Pre-Retirement Designation of Beneficiary: Married Member* form.

Revocation of the above consent must be submitted to PERS on the Revocation of Spousal Beneficiary Designation.

If the member's spouse is designated as the beneficiary and the marriage of the member and spouse is subsequently dissolved, the former spouse shall be treated as predeceasing the member unless the member expressly designates the former spouse as beneficiary after the effective date of the dissolution or the former spouse is required to be designated as a beneficiary under the provisions of ORS 238.465.

If a member fails to designate a beneficiary or if the person or persons designated do not survive the member, the death benefit provided for in this section shall be paid to the following person or persons in the following order of priority:

1. the member's surviving spouse or other person who is constitutionally required to be treated in the same manner as a spouse;
2. the member's surviving children, in equal shares; or
3. the member's estate.



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This form is strictly for the IAP. Call PERS or visit our website if this is not the form you need.

**Section A: Member information** (Type or print clearly in dark ink. Illegible forms may be returned to applicant. This could delay your request.)

Member's first name	MI	Last name	Social Security number
Mailing address (street or PO box)		Pers number (optional)	
City	State	Zip	Country
Date of birth (mm-dd-yyyy)		Date of birth (mm-dd-yyyy)	
Day phone number	Evening phone number		E-mail (optional)

**Section B: Revocation**

As the spouse of \_\_\_\_\_, I hereby revoke any and all spousal consents by me. (member's name)

I understand that this revocation makes me the designated beneficiary.

\_\_\_\_\_ Date \_\_\_\_\_  
 Spouse signature (do not print) Date  
 (Spouse's signature must be notarized in box below.)

Use space for seal	<b>Notary Public</b>	State of	County of
	Signed before me on:		
	Applicant's name		
	By (notary's signature)		
	My commission expires		

\_\_\_\_\_ Date \_\_\_\_\_  
 Signature (do not print) Date  
 (Member's signature must be notarized in box below.)

Use space for seal	<b>Notary Public</b>	State of	County of
	Signed before me on:		
	Applicant's name		
	By (notary's signature)		
	My commission expires		

Office use only	
<input type="checkbox"/> PERS	<input type="checkbox"/> OPSRP <input checked="" type="checkbox"/> IAP
<input type="checkbox"/> Member	<input type="checkbox"/> Alternate payee
<input type="checkbox"/> Cross reference member SSN	