

Instructions for Tier One/Tier Two Post-Retirement Beneficiary Designation

These instructions are strictly for Tier One/Tier Two members who retired under the refund annuity or 15-year certain options or who are receiving lump-sum installments. This election does not impact your Individual Account Program (IAP) beneficiary designation.

Standard beneficiary designation

The standard designation directs PERS to pay benefits in the order listed below:

- 1) To your spouse if you are legally married at the time of your death. If you are not, then to
- 2) your child* or children in equal shares. If any of your children are deceased, their portion is equally divided between their children who are alive at your death. If all of your children predecease you, their equal shares will be paid to their children. If there is no one in this group, then
- 3) to your mother and father in equal shares. If one of them predecease you, his/her share is paid to the other parent. If both parents predecease you, then
- 4) to your brothers and sisters in equal shares. If any one of them predecease you, their share will be paid to that sibling's children equally. If all of your brothers and sisters predecease you, all of their children will share equally. If there is no one in this group, then
- 5) payment will be made to your estate.

*Natural born and adopted children are considered "children" even if you selected the standard designation before or after their adoption or birth. If your natural born children are adopted by someone else, they are not considered your "children" under the standard designation. If you wish to name the adopted-out child as your beneficiary, use the specific designation part of this form.

Specific or estate, charity, or trust beneficiary designation

Naming a specific beneficiary

- 1) You can name one or more primary beneficiaries. If you designate only one primary beneficiary, he/she will receive 100 percent of your death benefits.
- 2) If you designate multiple beneficiaries, you can decide what portion of your death benefit will go to each beneficiary.
 - If you assign percentages to each primary beneficiary, the total percentages must equal 100 percent.
 - If you do not assign a percentage to each primary beneficiary named, each will share equally.
 - You can name one or more alternate beneficiaries for each of your primary beneficiaries. The alternates will receive the primary beneficiary's share if the primary beneficiary predeceases you. (Note: The percentage you designate for the alternates must equal the percentage you assigned to the primary beneficiary, i.e., if you designate 50 percent to primary beneficiary #1 and have two alternates for that beneficiary, the percentages for the two alternates must total 50 percent).
- 3) If you do not list any alternate beneficiaries, check the box below the specific beneficiary box to indicate that you want the portion designated to that beneficiary to be shared equally among the remaining primary beneficiaries living at the time of your death.

If you have more than two primary beneficiaries or more than two alternate beneficiaries for any of your primary beneficiaries, please provide them on an attached sheet of paper labeled, "Additional beneficiary information." Include your full name and PERS number on the attachment.

- 4) You can designate a charitable organization, your estate, or a trust as your beneficiary.

Naming an estate, charity, or trust

You can designate an estate, charity, or trust by checking the appropriate box and providing the name and address of that entity. You may also assign percentages between a specific beneficiary(ies) and/or a charity in Section C and Section D. The total percentages must equal 100 percent. Estate and trust designations must be a 100 percent designation.

Important reminder

You must sign this form. If you do not, your beneficiary designation is void. The form will be rejected and returned to you.

Important: If you have a complex beneficiary situation, you might want to consult an estate planning attorney.

General instructions

- Type or print clearly in dark ink. Illegible forms may be returned, which could delay your request.
- Do not change anything on the form; alterations will void the form.
- This form can only be used to change beneficiary on accounts retired under **refund annuity, 15-year certain, or non-survivorship lump-sum options receiving installments. Survivor beneficiary changes can only be made if permitted by a Qualified Domestic Relations Order.**
- Sign and date the statement at the bottom of the form, and mail or fax the form to PERS.

Section A: Member information

Fill in the personal information block completely.

Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form.

If you do not know your PERS number, leave it blank.

Section B: Beneficiary designation

Check **EITHER** a **standard** beneficiary designation **OR** a **specific** beneficiary designation.

Section C: Specific beneficiary designation

We have provided an example of Section C below to help you correctly fill out this portion of your application.

Complete this section if you are naming specific beneficiaries. Include the beneficiary's name, his/her relationship to you (optional*), his/her date of birth (optional*), and the percentage you would like to go to him/her. You can also name an alternate beneficiary to whom your benefit would be paid in the event the beneficiary predeceases you.

Example (sample of information a member would enter is in bold italics):

Specific beneficiary #1	Specific beneficiary #2	Specific beneficiary #3
#1 primary beneficiary (if living; otherwise, to #1 alternates) Name: Mary Ann Jenkins Social Security # (optional)* 555-55-5555 Percentage: 40% Date of birth* (optional)*: 06/01/1957 Relationship (optional)* Sister	#2 primary beneficiary (if living; otherwise, to #2 alternates) Name: Arnold McMillan Social Security # (optional)* 555-55-5555 Percentage: 40% Date of birth ((optional)*: 06/01/1960 Relationship (optional)*: Brother	#3 primary beneficiary (if living; otherwise, to #3 alternates) Name: Greg Murray Social Security # (optional)* 555-55-5555 Percentage: 20% Date of birth (optional)*: 04/01/1957 Relationship (optional)*: Friend
<i>Alternate beneficiary 1a</i> (Benefit will go to those named here if #1 specific beneficiary is deceased.) Name: Susie Jenkins Social Security # (optional)* 555-55-5555 Percentage¹: 20% Date of birth (optional)*: 05/12/1993 Relationship (optional): Niece	<i>Alternate beneficiary 2a</i> (Benefit will go to those named here if #2 specific beneficiary is deceased.) Name: Anna Marie McMillan Social Security # (optional)* 555-55-5555 Percentage¹: 20 % Date of birth (optional)*: 05/12/1993 Relationship (optional): Niece	<i>Alternate beneficiary 3a</i> (Benefit will go to those named here if #3 specific beneficiary is deceased.) Name: Sandy Murray Social Security # (optional)* 555-55-5555 Percentage¹: 10% Date of birth (optional)*: 11/12/1959 Relationship (optional)*: Friend
<i>Alternate beneficiary 1b</i> (Benefit will go to those named here if #1 specific beneficiary is deceased.) Name: Jordan Jenkins Social Security # (optional)* 555-55-5555 Percentage¹: 20% Date of birth (optional)*: 06/01/1992 Relationship (optional)*: Nephew	<i>Alternate beneficiary 2b</i> (Benefit will go to those named here if #2 specific beneficiary is deceased.) Name: Lora McMillan Social Security # (optional)* 555-55-5555 Percentage¹: 20% Date of birth (optional)*: 05/12/1985 Relationship (optional)*: Step-niece	<i>Alternate beneficiary 3b</i> (Benefit will go to those named here if #3 specific beneficiary is deceased.) Name: Mary Ann Jenkins Social Security # (optional) 555-55-5555 Percentage¹: 10% Date of birth (optional)*: 06/01/1957 Relationship (optional)*: Sister
*This information helps PERS locate the people you designate.		
¹ The total of the percentages you enter for alternate beneficiaries must equal the percentage you entered for that primary beneficiary.		

Section D: Charity designation

Check the box to indicate that you want to designate a charity as your beneficiary. Enter the name and address for the charity in the space provided.

Section E: Estate designation

Check the box to indicate that you want to designate your estate as the beneficiary. Enter the name of the personal representative and the address in the space provided.

Section F: Trust designation

Check the box to indicate that you want to designate your trust as the beneficiary. Enter the legal name of the trust, the address, and the date the trust was established in the space provided.

Section G: Spousal consent and notarized signature

Member acknowledgement

In this column, you must check a box to indicate your marital status.

You must sign and date in the presence of a notary. If you do not do this, we will reject your designation.

Spousal consent

Your spouse must check the box to acknowledge that he/she is consenting to the beneficiary(ies) you selected.

Your spouse must sign and date in the presence of a notary. If he/she fails to do this, we will reject your designation.

Registered domestic partners

See [page 7](#) of the *Tier One/Tier Two and Individual Account Program (IAP) Pre-Retirement Guide* for more information on spousal consent for registered domestic partners.

Section H - Applicant signature (required)

Your signature is required. Be sure to sign and date in the space provided.

This election does not impact your Individual Account Program (IAP) beneficiary designation.

You must sign this form. If you do not, your beneficiary designation is void. The form will be rejected and returned to you.



Tier One/Tier Two Post-Retirement Beneficiary Designation

This form is strictly for Tier One/Tier Two members who retired under the refund annuity or 15-year certain options or who are receiving lump-sum installments. This election does not impact your Individual Account Program (IAP) beneficiary designation.

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

First name	MI	Last name	PERS number (optional)
Mailing address (street or PO box)			Social Security number*
City	State	Zip	Country
			Date of birth (mm-dd-yyyy)

Section B: Beneficiary designation (Refer to instructions for explanation of beneficiary options)

- I would like to use the **standard designation**.
- I want to designate a **specific person or persons** as my beneficiary(ies).
- I want to designate a **person or persons and a charity** as my beneficiaries. (Fill out Section C and Section D.)
Percentages must equal 100 percent.
- I want to designate a **charity** as my beneficiary. (Fill out Section D.)
- I want to designate my **estate** as my beneficiary. (Fill out Section E.) Estates must receive 100 percent of the designation.
- I want to designate a **trust** as my beneficiary (Fill out Section F.) Trusts must receive 100 percent of the designation.

Section C: Specific beneficiary designation

Specific beneficiary #1	Specific beneficiary #2	Specific beneficiary #3
#1 Primary Beneficiary (if living; otherwise, to #1 alternates) Name _____ Social Security # (optional)* _____ Percentage¹ _____ Date of birth (optional)* _____ Relationship (optional) * _____	#2 Primary Beneficiary (if living; otherwise, to #2 alternates) Name _____ Social Security # (optional)* _____ Percentage¹ _____ Date of birth (optional)* _____ Relationship (optional) * _____	#3 Primary Beneficiary (if living; otherwise, to #3 alternates) Name _____ Social Security # (optional)* _____ Percentage¹ _____ Date of birth (optional)* _____ Relationship (optional) * _____
<i>Alternate beneficiary 1a</i> (Benefit will go to those named here if #1 specific beneficiary is deceased.) Name _____ Social Security # (optional)* _____ Percentage¹ _____ Date of birth (optional)* _____ Relationship (optional) * _____	<i>Alternate beneficiary 2a</i> (Benefit will go to those named here if #2 specific beneficiary is deceased.) Name _____ Social Security # (optional)* _____ Percentage¹ _____ Date of birth (optional)* _____ Relationship (optional) * _____	<i>Alternate beneficiary 3a</i> (Benefit will go to those named here if #3 specific beneficiary is deceased.) Name _____ Social Security # (optional)* _____ Percentage¹ _____ Date of birth (optional)* _____ Relationship (optional) * _____
<i>Alternate beneficiary 1b</i> (Benefit will go to those named here if #1 specific beneficiary is deceased.) Name _____ Social Security # (optional)* _____ Percentage¹ _____ Date of birth (optional)* _____ Relationship (optional) * _____	<i>Alternate beneficiary 2b</i> (Benefit will go to those named here if #2 specific beneficiary is deceased.) Name _____ Social Security # (optional)* _____ Percentage¹ _____ Date of birth (optional)* _____ Relationship (optional) * _____	<i>Alternate beneficiary 3b</i> (Benefit will go to those named here if #3 specific beneficiary is deceased.) Name _____ Social Security # (optional)* _____ Percentage¹ _____ Date of birth (optional)* _____ Relationship (optional) * _____

*This information helps PERS locate the people you designate.

¹The **total** of the percentages you enter for alternate beneficiaries must equal the percentage you entered for that primary beneficiary.

Additional beneficiaries? Please provide an additional sheet of paper that lists the same information used above for each beneficiary. Label the attached page Additional Beneficiaries. Include your full name and Social Security number.

- If any of the above named primary beneficiaries predecease me and I have not named an alternate beneficiary, I want the portion of my benefit that was designated to that beneficiary to be shared equally among the remaining primary beneficiaries living at my death.

Name: _____ PERS or Social Security number: _____

Section D: Charity designation

I designate the following charity as my beneficiary.

Indicate percentage amount to be designated. _____%

Name: _____

Address: _____

I designate the following charity as my beneficiary.

Indicate percentage amount to be designated. _____%

Name: _____

Address: _____

Section E: Estate designation

I designate my estate as my beneficiary. Estates must receive 100 percent of the designation.

Name of personal representative: _____

Address: _____

Section F: Trust designation

I designate a trust as my beneficiary. Trusts must receive 100 percent of the designation.

Legal name of trust (e.g., The Sara Smith Living Trust) _____

Address: _____

Date trust established: _____

Section G: Spousal consent and notarized signature

Member acknowledgment Must sign in the presence of a notary <input type="checkbox"/> As of today I am married. <input type="checkbox"/> As of today I am single.		Spousal consent (Required if married.) Must sign in the presence of a notary. <input type="checkbox"/> I consent to the beneficiary my spouse selected.	
Applicant's signature	Date	Spouse's signature	Date
Notary Public		Notary Public	
State of	County of	State of	County of
Applicant name		Spouse name	
Signed before me on this date		Signed before me on this date	
By (notary's signature)		By (notary's signature)	

Section H: Applicant signature (required)

I revoke all previous Tier One/Tier Two Program beneficiary designations. This election does not impact your Individual Account Program (IAP) beneficiary designation.

 _____
Applicant signature (do not print) _____
Date

*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it could take PERS staff longer to process your form. In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You can request help by phoning 888-320-7377, or TTY 503-603-7766.