

◆ **ACTIVE/VESTED BENEFICIARY NOMINATION** ◆

INSTRUCTIONS

GENERAL

(All entries should be typed or legibly printed in black ink.)

This form must be used by active, vested or retiring members to nominate the person(s), member's estate, or trust(s) to receive any death benefits payable from the State Employees' Retirement System.

NOTE:

"Every member shall nominate a beneficiary and, if desired, a contingent beneficiary, in writing **on a form to be supplied and filed with the Board.**"

This form is a legal document. Because it is important that we pay your death benefit according to your wishes, it is very important that your intent is clear and your form is accurate. For your protection SERS may reject or not honor forms which have alterations to the beneficiary(ies) name, any of the signatures or the date on this form. If you make a mistake we strongly recommend that you complete a new form.

A copy of your form will be returned to you after the State Employees' Retirement System has reviewed it.

A new beneficiary nomination should be made if you wish to change beneficiaries or update an address of a beneficiary.

- ◆ Your Social Security number must be entered in the block in the upper right corner.
- ◆ Be sure to list all information for each beneficiary named, including the complete address. The names of beneficiaries must be listed with the first or given name. For example: Jane Smith, NOT Mrs. John Smith.
- ◆ Should you name your Estate or a Trust as either the principal or contingent beneficiary, write either "Estate" or "Trust" in the "Name" column, enter the date of the Estate or Trust in the "Birth Date" column and put the name of the executor, or the trustee and his or her address in the "Address" column.

Only complete this form if you are an active or vested member, or if you are retiring and electing one of the following options: Option 1 or a Special Option with Option 1 death benefit features.

PART A PRINCIPAL BENEFICIARY

Check one of the principal beneficiary selection type boxes as shown below and complete the information in the spaces provided.

- Pay to one person, estate or trust. If you name one person, your "Estate" or a "Trust" to receive the entire amount, check this block.
- Pay to more than one person, estate or trust in equal shares with rights to survivors. If you name more than one person, all to share equally, with rights to survivors, check this block. This means if one of the named beneficiaries predecease you, the remaining beneficiary(ies) will share the decedent's portion equally.
- Pay to more than one person absolutely. To name more than one person, to share absolutely, check this box and use the Percent column to designate each share. If any of the named beneficiaries predecease you, the amount he or she would have received will go to his or her estate. (Under this selection it would not be relevant to complete Part B of this form.)
- Distribute in designated percentages as shown. If you name two or more persons to share in designated percentages, check this box, and list each beneficiary with the specified percentage in the "Percent" column to the left. If any designated beneficiary predeceases you, his or her share will be divided among those remaining according to the ratio of the percentages you indicated.

PART B CONTINGENT BENEFICIARY

Completion of this section is optional and may be used under any Principal Beneficiary selection except "Pay to more than one person absolutely". You may nominate one or more persons as contingent beneficiaries to receive any death benefits payable at your death, in the event that ALL Principal Beneficiaries predecease you.

PART C GUARDIAN

This part can be used to name a guardian for any beneficiary. A guardian is required when a beneficiary is a minor under 18 years of age. The guardianship will automatically become void if the beneficiary reaches age 18 before receiving any benefit.

PART D CERTIFICATION

Please complete all items in this section.

- ◆ The member must sign and date the form in front of two witnesses



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REGION

	FIRST	MIDDLE	LAST	
NAME: ▶				MEMBER'S SSN:
STREET ADDRESS: ▶				
City, State, Zip: ▶				
				Phone:

PART A - PRINCIPAL BENEFICIARIES

In the event of my death any remaining balance of my account shall be paid as designated below.

- | | |
|--|--|
| <input type="checkbox"/> Pay to one person, estate or trust | <input type="checkbox"/> Pay to more than one person absolutely |
| <input type="checkbox"/> Pay to more than one person, estate or trust in equal shares with rights to survivors | <input type="checkbox"/> Distribute in designated percentages as shown |

Percent	Full Name	Birth Date	Address (street address, city, state, zip code)
Total must equal 100 %			

PART B - CONTINGENT BENEFICIARIES

In the event of the death of all my principal beneficiaries, any remaining balance of my account shall be paid as designated below.

Percent	Full Name	Birth Date	Address (street address, city, state, zip code)
Total must equal 100 %			

PART C - GUARDIAN

REQUIRED FOR ANY BENEFICIARY OR DESIGNATED SURVIVOR UNDER 18 YEARS OF AGE

Guardian's Full Name	Address (street address, city, state, zip code)	Name of Beneficiary

PART D - CERTIFICATION

TWO INDIVIDUALS MUST WITNESS YOUR SIGNATURE (a beneficiary shall not be a witness)

Member Signature	Date	Telephone Number(s) ()
Witness Signature	Witness Signature	
Address (street, city, state, zip code)	Address (street, city, state, zip code)	