

PERS Chapter 238 Program (Tier One and Tier Two) Pre-Retirement Beneficiary Designation

Things to consider

You can choose either the Standard Designation of Beneficiary **or** you can designate one or more specific beneficiaries.

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 beneficiary designation

You have several options when naming a specific beneficiary

- 1) You can name one primary beneficiary. If you designate only one primary beneficiary, he or she will receive 100 percent of your death benefits.
- 2) You can name more than one primary beneficiary. You can decide what portion of your death benefit will go to each beneficiary.
- 3) If you name more than one primary beneficiary, and one or more of the primary beneficiaries predecease you, that primary beneficiary's share will be paid to the alternate beneficiary you name as the “alternate” beneficiary.
Note: If you do not list any alternate beneficiaries and check the appropriate box in Section C, any benefit will be shared equally among the primary beneficiaries living at your death.
- 4) If you assign percentages to each primary beneficiary, the total percentages must equal 100 percent.
- 5) If you do not assign a percentage to each primary beneficiary named, each will share equally.
- 6) You can designate a charitable organization, your estate, or a trust as your beneficiary.

Please use additional beneficiary designation forms if you name more than four beneficiaries.

Because a beneficiary could die before you do, you can:

- 1) Check the box to direct that all primary beneficiaries living at your death share equally.
OR
- 2) When more than one primary beneficiary is designated, you can name an alternate beneficiary for the same percentage of death benefit assigned to the primary beneficiary.

If you do not give a percentage or mark a box indicating otherwise, all beneficiaries will share equally.

Naming an estate, charity, or trust.

Beneficiaries do not need to be a person; you can also name charities, your estate, or a 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 charity and/or specific beneficiary(ies) in Section C and Section D. Percentages must equal 100 percent. Estate and Trusts designations must be a 100% designation.

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.
- 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 (do not fill this out if you chose box B1).

We have provided an example of Section C 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 or her relationship to you (optional*), his or her date of birth (optional*), and the percentage you would like to go to him or her. You can also name a 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	Date of birth (optional)*	Relationship (optional)*	Percentage
#1 Primary beneficiary name (if living, otherwise to Alternate) Mary Ann Jenkins	(mm/dd/yyyy) 06/01/1957	Sister	<input checked="" type="checkbox"/> 50 %
#1 Alternate beneficiary name (if primary beneficiary is deceased) Susie Jenkins	(mm/dd/yyyy) 04/04/1990	Niece	Alternate's percentage will be the same as primary beneficiary #1
#2 Primary beneficiary name (if living, otherwise to Alternate) Arnold McMillan	(mm/dd/yyyy) 12/22/1959	Brother	<input checked="" type="checkbox"/> 50 %
#2 Alternate beneficiary name (if primary beneficiary is deceased) Anna Marie McMillan	(mm/dd/yyyy) 05/12/1993	Niece	Alternate's percentage will be the same as primary beneficiary #2.

*This information helps PERS locate the people your designate. If you specifically designate a charity or organization, please provide the address underneath the name of the charity or organization.

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 - Applicant signature (required)

Your signature is required. Be sure to sign and date where indicated.



PERS Chapter 238 Program (Tier One and Tier Two) Pre-Retirement Beneficiary Designation

This form is strictly for Tier One and Tier Two members. A separate designation form is required for the Individual Account Program (IAP).

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

Section B: Beneficiary designation

Choose one (Please read the beneficiary designation instructions included with this form.)

I would like to use the

- Standard designation**
- Specific beneficiary designation** (fill out Section C)
- Both Specific beneficiary designation and Charity designation** (fill out Section C and Section D. Percentages must equal 100 percent.)
- Charity designation** (fill out Section D)
- Estate designation** (fill out Section E)
- Trust designation** (fill out Section F)

Section C: Specific beneficiary designation (do not fill this out if you chose the standard beneficiary designation)

Specific beneficiary	Date of birth (optional)*	Relationship (optional)*	Percentage
#1 Primary beneficiary name (if living, otherwise to Alternate)	(mm/dd/yyyy)		<input type="checkbox"/> _____ %
#1 Alternate beneficiary name (if primary beneficiary is deceased)	(mm/dd/yyyy)		Alternate's percentage will be the same as primary beneficiary #1
#2 Primary beneficiary name (if living, otherwise to Alternate)	(mm/dd/yyyy)		<input type="checkbox"/> _____ %
#2 Alternate beneficiary name (if primary beneficiary is deceased)	(mm/dd/yyyy)		Alternate's percentage will be the same as primary beneficiary #2.
#3 Primary beneficiary name (if living, otherwise to Alternate)	(mm/dd/yyyy)		<input type="checkbox"/> _____ %
#3 Alternate beneficiary name (if primary beneficiary is deceased)	(mm/dd/yyyy)		Alternate's percentage will be the same as primary beneficiary #3.

- If any of the above-named primary beneficiaries predecease me, 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.

*This information helps PERS locate the people you designate. If you specifically designate a charity or organization, please provide the address underneath the name of the charity or organization.

Name: _____ 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.

Name of personal representative: _____

Address: _____

Section F: Trust designation

I designate a trust as my beneficiary.


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

Address: _____

Date trust established: _____

Section G - Applicant signature (required)

I revoke all previous PERS Chapter 238 (Tier One or Tier Two) program beneficiary designations.

 _____
Applicant signature (do not print)

Date

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

***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.**

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling 503-598-7377, toll free 888-320-7377, or TTY 503-603-7766.