

## IAP: Pre-Retirement Designation of Beneficiary Packet

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

You must fill out a beneficiary form for the Individual Account Program (IAP) even if you have a PERS Chapter 238 Program (Tier One or Tier Two) beneficiary form on file. If you do not do so, your benefits may be paid to someone other than your preference.

### Determining Which Form to Complete

If you are married, you must fill out Pre-Retirement Designation of Beneficiary: Married Applicant.

If you are single, you must fill out Pre-Retirement Designation of Beneficiary: Single Applicant.

### General Instructions

- Print clearly in dark ink. Illegible forms may be returned. This could delay your request.
- Do not change anything on the form; alterations will void the form.
- Make sure any form requiring a notary is notarized.
- Fill out only the form that applies to your situation.
- Read specific instructions for each form. You will find instructions on page 2.

### Things to Consider

- **It is important that you file a Designation of Beneficiary form with PERS for each program in which you are a member.** If you die before retirement and there is no designation of beneficiary on file, distribution will be made in accordance with statute. Forms for all programs can be found on the PERS website at [www.oregon.gov/pers](http://www.oregon.gov/pers).
- **If you elect the statutory designation of beneficiary**, the order of distribution is: your spouse, surviving children, estate. This designation creates a chain of beneficiaries that automatically allows for future marriages, divorces, births, deaths, or adoptions within your family, as established by Oregon law.
- **If you elect the specific designation of beneficiary**, you may designate as many beneficiaries as you like and the percentage of the account distributed to each. You may also choose an estate or trust.
- If you are married, your account(s) must be paid to your spouse unless your spouse consents to a change of beneficiary.
- Your spouse must sign a notarized consent to designate a beneficiary other than himself or herself.
- Spousal consent can be revoked up to the time of your death. To revoke spousal consent you must complete and submit the Revocation of Spousal Beneficiary Designation. Once PERS accepts and approves the revocation form, your spouse will be considered the beneficiary until and unless you file another valid change of beneficiary with PERS.
- If your spouse is named as beneficiary and you get divorced, your spouse will be deemed as having predeceased you.
- **Beneficiary designations are not valid until accepted and approved by PERS.**

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

Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. Failure to supply your SSN may delay the processing of this 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.

## Instructions for Married Applicants

- Use IAP Pre-Retirement Designation of Beneficiary: Married Applicants form if you are married.

### Section A

- Fill in the personal information block completely. If you do not know your PERS number, leave it blank. Providing your SSN is voluntary; not doing so may delay the processing of your form. All other information is mandatory.

### Section B

- Your beneficiary must be your spouse unless your spouse consents to another beneficiary. Check the acknowledgement box if your spouse is your beneficiary.
- You must fill in your spouse's name. Use **full given names**. (e.g., Mary R. Doe, not Mrs. Robert Doe). An application without your spouse's name will be returned to you.
- If your designated beneficiary predeceases you, then any PERS IAP death benefits that may be due and payable will be processed/distributed in accordance with ORS Chapter 238A.
- If you name a contingent beneficiary, please use full given names (see Section C instructions below).
- Sign and date the applicant statement at the bottom of the form and mail it to PERS.

### Section C

- If your spouse consents to another beneficiary, check the consent box in this section.
- Fill in your beneficiary designations in the space provided. Make sure you fill this out completely. If you choose more than one beneficiary, make sure to include the percentage of your account that you want to go to each beneficiary.
- If you use percentages when designating specific beneficiaries, you must name a contingent beneficiary for each beneficiary.
- Use **full given names**, (e.g., Mary R. Doe, not Mrs. Robert Doe).
- Provide the date of birth for each beneficiary.

#### To name **co-beneficiaries**:

Mary J. Doe Mother 1/30/1901 \_\_\_%  
and  
John R. Doe Father 11/10/1900 \_\_\_%  
Total = 100%

#### To name **contingent beneficiaries**:

Mary J. Doe Mother 1/30/1901 if living, 100%  
otherwise to  
Betty A. Jones Sister 8/12/1935 \_\_\_%  
and  
John R. Doe Father 11/10/1900 \_\_\_%  
Total = 100%

- To designate your **estate as beneficiary**, write "estate."
- To designate a trust, name a trustee **and** a successor trustee rather than the trust itself, e.g., "To John Doe (name), trustee, or Jane Doe (name), successor trustee, of the (name of trust), dated (date), held by (name and address)."

### Section D

- If you name a beneficiary other than your spouse, your spouse must consent to this other designation by signing in front of a notary.

### Section E

- You must sign and date the applicant statement at the bottom of the form. Your signature does not have to be notarized.

## Instructions for Single Applicants

- Use IAP Pre-Retirement Designation of Beneficiary: Single Applicant form if you are single.

### Section A

- Fill in the personal information block completely. If you do not know your PERS number, leave it blank. Providing your SSN is voluntary; not doing so may delay the processing of your form. All other information is mandatory.

### Section B

- Select **one** of the beneficiary option boxes.
- If you check the statutory box, sign and date the statement at the bottom of the form and mail the form to PERS. (See page 1 for order of beneficiaries.)
- If you check the specific beneficiary box, fill in your beneficiary designations in the space provided. (For an example, see instructions above under Instructions for Married Applicant, Section C.)

### Section C

- Sign and date the applicant statement at the bottom of the page and mail or fax the form to PERS.



## IAP Pre-Retirement Designation of Beneficiary: Married Applicant

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

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

First name	MI	Last name	Social Security number
Mailing address (street or PO box)			PERS number
City	State	Zip	Country
			Phone number

### Fill out either Section B or Section C

#### Section B: Spousal Designation

A married applicant's account(s) must be paid to the spouse unless the spouse consents to a change of beneficiary. Notarized spousal consent is required to designate a beneficiary other than the spouse.

**Acknowledgement box:**  I acknowledge my beneficiary is my spouse. (If this box is checked, spouse's signature is not needed.)

Spouse's name (required): \_\_\_\_\_

Contingency designation			
Full name of beneficiary	Relationship	Date of birth	Percentage

#### Section C: Spousal Consent for Alternate Beneficiary

**Consent box:**  My spouse consents to the following specific beneficiary designation. (See page 2 for complete instructions.)

Beneficiary designation			
Full name of beneficiary	Relationship	Date of birth	Percentage

#### Section D: Spousal Statement

I hereby consent to the beneficiary named above. (Spouse's signature must be notarized in box below.)

Spouse signature (do not print) _____		Date _____		
<b>Notary Public</b>          Use space for seal	State of	County of		
	Spouse signed before me on:			
	Spouse'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	

#### Section E: Applicant Statement (Required)

I hereby revoke any and all previous beneficiary designations for my IAP account. (Notarization not necessary.)

Applicant signature (do not print) \_\_\_\_\_ Date \_\_\_\_\_



## IAP Pre-Retirement Designation of Beneficiary: Single Applicant

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

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

First name	MI	Last name	Social Security number			
Mailing address (street or PO box)			PERS number			
City	State	Zip	Country	Phone number		

### Section B: Beneficiary Option

Select only one of the beneficiary boxes below:

I elect the statutory designation. (See instructions.)

I designate the following specific beneficiary(ies):

**Note:** Failure to designate a beneficiary will result in statutory distribution (spouse, surviving children, applicant's estate).

#### Beneficiary designation

Full name of beneficiary	Relationship	Date of birth	Percentage

### Section C: Applicant Statement (Required)

I hereby revoke any and all previous beneficiary designations for my IAP account(s).

\_\_\_\_\_  
Applicant signature (do not print)

\_\_\_\_\_  
Date

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	