

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.

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.
- 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.

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

Fill this section out if you have chosen Option 1, Refund Annuity, 15-Year Certain, Lump-Sum Option 1, or the Total Lump-Sum Option. (Note: Even if you have chosen Option 1, you must name a beneficiary. Under Option 1, if you die after retiring but before your first benefit payment is due, your retirement benefits will go to the beneficiary you name. Once your first benefit payment is due, however, no payments will be made to a beneficiary.)

Check the appropriate box to let us know if you want to use the standard beneficiary designation or to name a specific beneficiary.

When you choose the standard designation, you **do not name** any specific person. Instead, your beneficiary selection follows the order described in law.

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 children are adopted by someone else, they are not considered your “children” under the standard designation. If you wish to name the adopted-out children as your beneficiary, use the specific designation part of this form.

If you choose to name specific beneficiaries, you must list each beneficiary, your relationship to the beneficiary, and the percentage of your benefit you want to go to each person or entity you named. See Appendix C, [page 27](#), of the *Tier One/Tier Two and Individual Account Program (IAP) Pre-Retirement Guide* for an example of “specific retiree designation of beneficiary.”

If you have more than three beneficiaries, attach an additional sheet of paper that includes all the same information listed in the table for each beneficiary. Include your name and SSN at the top of each additional paper.

Section D: 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 E: 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.

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

Section F: 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 G: 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 code	Country
			Date of birth (mm-dd-yyyy)

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

I elect to use the **standard** beneficiary designation. **Do not list** specific beneficiary name(s) in the table below.
 I elect to use the **specific** designation of beneficiary.
 If you designate specific beneficiaries you must include the percentage of the account distributed to each. The total percentage must equal **100 percent**. Complete the table below. Add additional beneficiaries on a separate sheet of paper.
 How many beneficiaries do you want to designate? _____

Specific beneficiary #1 Primary beneficiary If living; otherwise, to #1 alternate beneficiary(ies).

#1	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage

Alternate beneficiary(ies): How many alternate beneficiaries do you want to designate? _____
 (Benefit will go to those named below if #1 specific beneficiary is deceased.)

#1a	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage
#1b	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage

Specific beneficiary #2 Primary beneficiary If living; otherwise, to #2 alternate beneficiary(ies).

#2	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage

Alternate beneficiary(ies): How many alternate beneficiaries do you want to designate? _____
 (Benefit will go to those named below if #2 specific beneficiary is deceased.)

#2a	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage
#2b	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage

Specific beneficiary #3 Primary beneficiary If living; otherwise, to #3 alternate beneficiary(ies).

#3	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage

Alternate beneficiary(ies): How many alternate beneficiaries do you want to designate? _____
 (Benefit will go to those named below if #3 specific beneficiary is deceased.)

#3a	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage
#3b	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage

If any of the 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 shared equally among the remaining primary beneficiaries living at my death.

*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 calling 888-320-7377 or TTY 503-603-7766.

First name	MI	Last name	Social Security number
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Section D: Estate designation

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

Name of personal representative: _____

Address: _____

Section E: 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 F: 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 G: 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