

RETIRED MEMBER BENEFICIARY NOMINATION FORM



| | | | |
|-------------------------|--|-------------------|--|
| Full Name | | Member SSN | |
| Street Address | | | |
| City, State, Zip | | Phone | |

This form is a legal document. It is very important that your intent is clear. If your wishes are not clear or there are alterations to any of the information, SERS may deem the form faulty and any monies payable from your benefit will be paid to your estate. If you make a mistake on this form, want to change any beneficiary information, or would like another form, it can be found at www.SERS.pa.gov.

This form is not valid until properly filed. SERS will review your form and send you an acknowledged/ filed copy for your records.

| Principal Beneficiaries Upon my death, any remaining balance of my retirement benefit shall be paid to the listed principal beneficiaries. If more than one principal beneficiary is listed, they will share equally. If you wish to not display your beneficiary information on your <i>Annual Member Statement</i> please notify SERS in writing. | | | |
|--|-----------------------------|--|--|
| <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 | |
| % | Full Name (First, MI, Last) | Date of Birth | Address (Street address, city, state, Zip+4) |
| | | | |
| | | | |
| | | | |
| | | | |
| Total must equal 100% | | | |

| Contingent (Second) Beneficiaries Upon my death, if there are no surviving principal beneficiaries, any remaining balance of my retirement benefit will be paid to the following contingent beneficiaries. If more than one contingent beneficiary is listed, they will share equally. | | | |
|---|-----------------------------|---------------|--|
| % | Full Name (First, MI, Last) | Date of Birth | Address (Street address, city, state, Zip+4) |
| | | | |
| | | | |
| | | | |
| | | | |
| Total must equal 100% | | | |

| Guardian If any of the above-named beneficiaries is a minor (under the age of 18), please list that minor's guardian | | |
|---|---------------|---|
| Name of Guardian | Name of Minor | Guardian's Address (Street address, city, state, Zip+4) |
| | | |
| | | |

| | | |
|--|--|----------------------------|
| Certification Two persons other than the individuals named above must witness your signature. | | |
| Member Signature | Date | Telephone Number(s) |
| Witness Signature | Witness Signature | |
| Address (Street, City, State, Zip Code) | Address (Street, City, State, Zip Code) | |



RETIRED MEMBER BENEFICIARY NOMINATION FORM INSTRUCTIONS

(All entries should be typed or legibly printed.)



Beneficiary: The persons or organizations you last designated in a properly filed SERS *Beneficiary Nomination Form* to receive any death benefit that may be payable from your SERS retirement benefit.

This form must be used by a member to nominate the person(s), their estate, or trust(s) to receive any death benefits payable from the State Employees' Retirement System. Per the state Retirement Code: "Every member shall nominate a beneficiary and, if desired, a contingent beneficiary, in writing on a form to be supplied by 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. It can be found at www.SERS.pa.gov.

THINGS TO CONSIDER

- 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.

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, you "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 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.** If any of the named beneficiaries predecease you, the amount he or she would have received will go to his or her estate. Use the Percent column to designate each share. (Under this selection it would not be relevant to complete the contingent section of this form.)
- **Distribute in designated percentages as shown.** 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. List each beneficiary with the specified percentage in the "Percent" column to the left.

CONTINGENT BENEFICIARY

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.

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.

CERTIFICATION

Please complete all items in this section. The member must sign and date the form in front of two witnesses.

THIS FORM CAN BE MAILED TO:

Pennsylvania State Employees' Retirement System, 30 North 3rd Street, Suite 150, Harrisburg PA 17101