

DEFINED BENEFIT PENSION BENEFICIARY NOMINATION FORM

(All entries should be typed or legibly printed.)



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

This form is a legal document. **Your designations here apply ONLY to your SERS defined benefit pension. You must file a separate form to designate beneficiaries for any other retirement benefits, including SERS-administered defined contribution and deferred compensation plans.** If more than one contingent beneficiary is listed, they will share equally unless you direct a different distribution. It is very important that your intent is clear. If you do not clearly identify your beneficiaries or if your form contains alterations, SERS might not acknowledge it; and your death benefit could be paid to your Estate. This form 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 your death, any remaining balance of my pension benefit shall be paid to the listed principal beneficiaries. Please check the payment instruction box you choose. (Descriptions of the payment instructions are on page 2.) If you wish to not display your beneficiary information on your Annual Member Statement 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"/> Pay 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 your death, if there are no surviving principal beneficiaries, any remaining balance of your pension benefit will be paid to the listed contingent beneficiaries.			
%	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 people other than the beneficiaries or guardians 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)	

DEFINED BENEFIT PENSION BENEFICIARY NOMINATION FORM INSTRUCTIONS



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.

The State Employees' Retirement Code Regulations require, "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." 4 Pa. Code. § 249.7(h). All SERS beneficiary designations must be on a form provided by SERS.

This form is a legal document. **Your designations on this form apply only to your SERS defined benefit pension. You must file a separate form to designate beneficiaries for any other retirement benefits, including SERS-administered defined contribution and deferred compensation plans.** Because SERS will pay your death benefit according to your stated intent, it is very important that you state your intent clearly and accurately. SERS may reject and not honor any form containing alterations to the beneficiary names, the signatures, or dates. If you have any questions about nominating a beneficiary please contact a SERS retirement counselor at 1.800.633.5461. If you make a mistake in completing this form, we strongly recommend that you complete a new form. This form 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 requested 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.
- To name your Estate or a Trust as either a principal or contingent beneficiary, list either "Estate" or "Trust" in the "Name" column. Provide the date of the Trust in the "Birth Date" column, and provide 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 payment instruction boxes described below and complete the information in the spaces provided.

- **Pay to one person, Estate or Trust.** To name one person, your "Estate," or a "Trust" to receive the entire death benefit, check this block.
- **Pay to more than one person, Estate or Trust in equal shares with rights to survivors.** If one or more of the named beneficiaries predeceases you, the surviving beneficiaries will share the deceased beneficiary's portion equally.
- **Pay to more than one person absolutely.** If any of the named beneficiaries predeceases you, the deceased beneficiary's share will be paid to his or her Estate. Use the Percent column to designate each share. (If you choose this payment instruction, do not designate a contingent beneficiary.)
- **Distribute in designated percentages as shown.** If any designated beneficiary predeceases you, his or her share will be divided among the surviving principal beneficiaries, 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. You 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 17101-1716.