

IAP: Pre-Retirement Designation of Beneficiary Packet

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

You must fill out a beneficiary form for the Individual Account Program (IAP) even if you have already submitted a PERS Tier One or Tier Two Pre-Retirement Beneficiary form.

Determining which form to complete

If you are married, or there exists at the time of death any other person who is constitutionally required to be treated in the same manner as a spouse for the purpose of retirement benefits, you must fill out the IAP Pre-Retirement Designation of Beneficiary: Married Applicant form.

General instructions

- Type or print clearly in dark ink. Illegible forms are void and will be returned to you.
- 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 the specific instructions for each form. You will find instructions on pages 2, 3, and 4.

Things to consider

- **It is important that you file a separate Designation of Beneficiary form with PERS for your IAP account.** If you die before retirement and there is no IAP Designation of Beneficiary form on file, distribution of your IAP account will be in accordance with statute: your surviving spouse or other person who is constitutionally required to be treated in the same manner as a spouse, your surviving children, and your estate.
- If your designated beneficiary predeceases you, any IAP death benefits that might be due and payable will be distributed in accordance with statute.

Information for married members

- If you are married, your IAP account must be paid to your spouse unless your spouse consents to a different beneficiary.
- If you want to designate someone other than your spouse, your spouse must sign a notarized consent.
- Your spouse can revoke this consent up to the time of your death. To revoke spousal consent, your spouse must complete and submit the [IAP: Revocation of Spousal Consent of Beneficiary Designation form](#). You will find this form on the PERS website (<http://oregon.gov/pers>), or contact PERS Customer Service at 503-598-7377 or toll free at 888-320-7377. Once PERS accepts and approves the revocation form, your spouse will be considered the beneficiary unless you file another valid change of beneficiary form, with your spouse's consent, with PERS.
- If you name your spouse as beneficiary and you get divorced, your spouse will be deemed as having predeceased you unless you or a court order expressly designates your former spouse to continue as beneficiary after the effective date of your divorce. This means that your former spouse is no longer your beneficiary unless otherwise provided by you or a court order.
- In the event of your death, any pre-retirement death benefit will be paid to the designated beneficiary indicated on the most recent valid IAP Designation of Beneficiary form PERS has on file.

Important reminder

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.

Instructions for married applicants

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

Section A: Applicant information

- Fill in the member information section 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 the space provided blank.
- Please provide your phone number so we can reach you with information or questions about your form. If you prefer not to be contacted by phone, leave that field blank.

Section B: Spousal designation

- Your beneficiary must be your spouse unless your spouse consents to a different beneficiary. Check the **acknowledgment box** if your spouse is your beneficiary.
- You must fill in your spouse's name. Use his/her **full given name** (e.g., Mary A. Jenkins, not Mrs. Robert Jenkins). A designation without your spouse's name is void and will be returned to you.
- Your spouse must sign and date this form in front of a notary if you designate a different beneficiary in Section C, D, or E.
- Sign and date the statement in Section H at the bottom of page 5, and mail 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.**

Section C: Specific beneficiary designation

Do not complete this option if your spouse is your beneficiary and you have completed Section B.

- 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 out this section completely. If you choose more than one beneficiary, you must include the percentage of your account you want to go to each beneficiary.
- If you use percentages when designating specific beneficiaries, you must name an alternate beneficiary for each beneficiary.
- Use **full given names** (e.g., Mary A. Jenkins, not Mrs. Robert Jenkins).

Specific beneficiary #1	Specific beneficiary #2	Specific beneficiary #3
#1 primary beneficiary (if living; otherwise, to #1 alternates) Name: Mary Ann Jenkins Social Security # (optional)* 555-55-5555 Percentage: 40% Date of birth* (optional)*: 06/01/1957 Relationship (optional)* Sister	#2 primary beneficiary (if living; otherwise, to #2 alternates) Name: Arnold McMillan Social Security # (optional)* 555-55-5555 Percentage: 40% Date of birth ((optional)*: 06/01/1960 Relationship (optional)*: Brother	#3 primary beneficiary (if living; otherwise, to #3 alternates) Name: Greg Murray Social Security # (optional)* 555-55-5555 Percentage: 20% Date of birth (optional)*: 04/01/1957 Relationship (optional)*: Friend
<i>Alternate beneficiary 1a</i> (Benefit will go to those named here if #1 specific beneficiary is deceased.) Name: Susie Jenkins Social Security # (optional)* 555-55-5555 Percentage¹: 25% Date of birth (optional)*: 05/12/1993 Relationship (optional): Niece	<i>Alternate beneficiary 2a</i> (Benefit will go to those named here if #2 specific beneficiary is deceased.) Name: Anna Marie McMillan Social Security # (optional)* 555-55-5555 Percentage¹: 25% Date of birth (optional)*: 05/12/1993 Relationship (optional): Niece	<i>Alternate beneficiary 3a</i> (Benefit will go to those named here if #3 specific beneficiary is deceased.) Name: Sandy Murray Social Security # (optional)* 555-55-5555 Percentage¹: 15% Date of birth (optional)*: 11/12/1959 Relationship (optional)*: Friend
<i>Alternate beneficiary 1b</i> (Benefit will go to those named here if #1 specific beneficiary is deceased.) Name: Jordan Jenkins Social Security # (optional)* 555-55-5555 Percentage¹: 15% Date of birth (optional)*: 06/01/1992 Relationship (optional)*: Nephew	<i>Alternate beneficiary 2b</i> (Benefit will go to those named here if #2 specific beneficiary is deceased.) Name: Lora McMillan Social Security # (optional)* 555-55-5555 Percentage¹: 15% Date of birth (optional)*: 05/12/1985 Relationship (optional)*: Step-niece	<i>Alternate beneficiary 3b</i> (Benefit will go to those named here if #3 specific beneficiary is deceased.) Name: Mary Ann Jenkins Social Security # (optional) 555-55-5555 Percentage¹: 5% Date of birth (optional)*: 06/01/1957 Relationship (optional)*: Sister

¹The total of the percentages you enter for alternate beneficiaries must equal the percentage you entered for that primary beneficiary.

*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.

Naming a charity, estate, or 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 specific beneficiaries and/or charities in Sections C and D. The total percentages must equal 100 percent. Estate and trust designations must be a 100 percent designation. Your spouse must consent to this designation.

Section D: Charity designation

Check the box to indicate you want to designate a charity as your beneficiary. Enter the name and address for the charity in the space provided. Your spouse must consent to this designation. Check the **consent box** in this section.

Section E: Estate designation

Check the box to indicate you want to designate your estate as the beneficiary. Your spouse must consent to this designation. Check the **consent box** in this section. Enter the name of the personal representative of your estate and the address in the spaces provided.

Section F: Trust designation

Check the box to indicate you want to designate a trust as the beneficiary. Your spouse must consent to this designation. Check the **consent box** in this section. Enter the legal name of the trust, the address, and the date the trust was established in the spaces provided.

Section G: Spousal consent, signature, and notary

If your spouse has consented to another beneficiary and you have designated a different beneficiary in Section C, D, E, or F your spouse must sign the form in front of a notary.

Section H: Applicant statement (required)

Your signature is **required**. Sign and date in the space provided. **You must sign this form. If you do not, your beneficiary designation is void. The form will be rejected and returned to you.**

Instructions for single applicants

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

Section A: Applicant information

- Fill in the member information section 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 the space provided blank. Please provide your phone number so we can reach you with information or questions about your form. If you prefer not to be contacted by phone, leave that field blank.

Section B: Beneficiary designation

- Check **either** the standard beneficiary designation box **OR** the specific beneficiary designation box.
- If you check the **standard beneficiary designation box**, sign and date the statement on page 4, and mail the form to PERS. (See page 1 under Things to consider for the order of standard beneficiaries.)
- If you check the **specific beneficiary box**, you must also provide a **specific person, charity, estate, or trust**.
- If you check the **specific person, charity, estate, or trust designation box**. Fill in your beneficiary information in Section C.

Section C: Specific beneficiary designation

Complete this section if you are naming specific person(s) as beneficiaries. Include the beneficiary's name, Social Security number (optional*), the percentage you would like to go to him/her, his/her date of birth (optional*), and his/her relationship to you (optional*). You can also name an alternate beneficiary to whom your benefit would be paid in the event the primary beneficiary predeceases you.

*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.

THIS PAGE INTENTIONALLY LEFT BLANK



11410 SW 68th Parkway, Tigard OR 97223
 Mailing Address – PO Box 23700, Tigard OR 97281-3700
 Toll free - 888-320-7377 fax - 503-598-0561
 Website - <http://oregon.gov/pers>



12208

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 you, which could delay your request.)

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

Section B: Spousal designation (Do not fill this out if you complete Section C.)

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.

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

Spouse's name (required): _____

Section C: Specific beneficiary designation (Do not fill this out if you completed Section B.)

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

Specific beneficiary #1	Specific beneficiary #2	Specific beneficiary #3
#1 Primary Beneficiary (if living; otherwise, to #1 alternates) Name _____ Social Security # (optional) _____ Percentage _____ Date of birth (optional) _____ Relationship (optional) _____	#2 Primary Beneficiary (if living; otherwise, to #2 alternates) Name _____ Social Security # (optional) _____ Percentage _____ Date of birth (optional) _____ Relationship (optional) _____	#3 Primary Beneficiary (if living; otherwise, to #3 alternates) Name _____ Social Security # (optional) _____ Percentage _____ Date of birth (optional) _____ Relationship (optional) _____
<i>Alternate beneficiary 1a</i> (Benefit will go to those named here if #1 specific beneficiary is deceased.) Name _____ Social Security # (optional) _____ Percentage ¹ _____ Date of birth (optional) _____ Relationship (optional) _____	<i>Alternate beneficiary 2a</i> (Benefit will go to those named here if #2 specific beneficiary is deceased.) Name _____ Social Security # (optional) _____ Percentage ¹ _____ Date of birth (optional) _____ Relationship (optional) _____	<i>Alternate beneficiary 3a</i> (Benefit will go to those named here if #3 specific beneficiary is deceased.) Name _____ Social Security # (optional) _____ Percentage ¹ _____ Date of birth (optional) _____ Relationship (optional) _____
<i>Alternate beneficiary 1b</i> (Benefit will go to those named here if #1 specific beneficiary is deceased.) Name _____ Social Security # (optional) _____ Percentage ¹ _____ Date of birth (optional) _____ Relationship (optional) _____	<i>Alternate beneficiary 2b</i> (Benefit will go to those named here if #2 specific beneficiary is deceased.) Name _____ Social Security # (optional) _____ Percentage ¹ _____ Date of birth (optional) _____ Relationship (optional) _____	<i>Alternate beneficiary 3b</i> (Benefit will go to those named here if #3 specific beneficiary is deceased.) Name _____ Social Security # (optional) _____ Percentage ¹ _____ Date of birth (optional) _____ Relationship (optional) _____

¹The total of the percentages you enter for alternate beneficiaries must equal the percentage you entered for that primary beneficiary.

Additional beneficiaries? Please provide an additional sheet of paper that lists the same information used above for each beneficiary. Label the attached pages Additional Beneficiaries. Include your full name and Social Security number.

If any of the primary beneficiaries named above predecease me and I have not named an alternate beneficiary, I want the portion of my benefit that was designated to that beneficiary to be shared equally among the remaining primary beneficiaries living at the time of my death.

Name: _____ SSN/PERS number: _____

Section D: Charity designation

- I designate the following charity as my beneficiary.
- My spouse consents to the following beneficiary designation:
Indicate percentage amount to be designated. _____ %

Name: _____

Address: _____

Section E: Estate designation

- I designate my estate as my beneficiary. Estates must receive 100 percent of the designation.
- My spouse consents to the following beneficiary designation:

Name of personal representative: _____

Address of personal representative: _____

Section F: Trust designation

- I designate a trust as my beneficiary. Trusts must receive 100 percent of the designation.
- My spouse consents to the following beneficiary designation:

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

Address of trust: _____

Date trust established: _____

Section G: Spousal consent, signature, and notary (Spouse's signature must be notarized in box below.)

I hereby consent to the designation of beneficiary(ies) named in section C, D, E, and F.

 _____
Spouse signature (do not print) Date

Print signature

<i>Notary Public</i>	State of	County of
	<i>Spouse signed before me on:</i>	
	<i>Spouse's name</i>	
	<i>By (notary's signature)</i>	
	<i>My commission expires</i>	

Section H: 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

Print signature

*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 may request help by phoning 503-598-7377, toll free 888-320-7377, or TTY 503-603-7766.



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 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	Country
			Phone number

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

- I would like to use the **standard beneficiary designation**.
- I would like to use a **specific beneficiary**. If you choose this option, select from the list below.
 - I want to designate a **specific person or persons** as my beneficiary.
 - I want to designate a **person or persons and a charity** as my beneficiaries. (Fill out Section C and Section D.)
Percentages must equal 100 percent.
 - I want to designate a **charity** as my beneficiary. (Fill out Section D.)
 - I want to designate my **estate** as my beneficiary. (Fill out Section E.) Estates must receive 100 percent of the designation.
 - I want to designate a **trust** as my beneficiary. (Fill out Section F.) Trusts must receive 100 percent of the designation.

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

Specific beneficiary #1	Specific beneficiary #2	Specific beneficiary #3
#1 Primary Beneficiary (if living; otherwise, to #1 alternates) Name _____ Social Security # (optional) _____ Percentage _____ Date of birth (optional) _____ Relationship (optional) _____	#2 Primary Beneficiary (if living; otherwise, to #2 alternates) Name _____ Social Security # (optional) _____ Percentage _____ Date of birth (optional) _____ Relationship (optional) _____	#3 Primary Beneficiary (if living; otherwise, to #3 alternates) Name _____ Social Security # (optional) _____ Percentage _____ Date of birth (optional) _____ Relationship (optional) _____
<i>Alternate beneficiary 1a</i> (Benefit will go to those named here if #1 specific beneficiary is deceased.) Name _____ Social Security # (optional) _____ Percentage _____ Date of birth (optional) _____ Relationship (optional) _____	<i>Alternate beneficiary 2a</i> (Benefit will go to those named here if #2 specific beneficiary is deceased.) Name _____ Social Security # (optional) _____ Percentage _____ Date of birth (optional) _____ Relationship (optional) _____	<i>Alternate beneficiary 3a</i> (Benefit will go to those named here if #3 specific beneficiary is deceased.) Name _____ Social Security # (optional) _____ Percentage _____ Date of birth (optional) _____ Relationship (optional) _____
<i>Alternate beneficiary 1b</i> (Benefit will go to those named here if #1 specific beneficiary is deceased.) Name _____ Social Security # (optional) _____ Percentage _____ Date of birth (optional) _____ Relationship (optional) _____	<i>Alternate beneficiary 2b</i> (Benefit will go to those named here if #2 specific beneficiary is deceased.) Name _____ Social Security # (optional) _____ Percentage _____ Date of birth (optional) _____ Relationship (optional) _____	<i>Alternate beneficiary 3b</i> (Benefit will go to those named here if #3 specific beneficiary is deceased.) Name _____ Social Security # (optional) _____ Percentage _____ Date of birth (optional) _____ Relationship (optional) _____

*The total of the percentages you enter for alternate beneficiaries must equal the percentage you entered for that primary beneficiary.

Additional beneficiaries? Please provide an additional sheet of paper that lists the same information used above for each beneficiary. Label the attached page Additional Beneficiaries. Include your full name and Social Security number.

- If any of the above 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 to be shared equally among the remaining primary beneficiaries living at my death.

Name: _____ SSN/PERS 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. Estates must receive 100 percent of the designation.

Name of personal representative: _____

Address: _____

Section F: 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 G: Applicant statement (required)

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

 _____
Applicant signature (do not print) Date

Print name