

Section III. Consent to Beneficiary Designation

INSTRUCTIONS

If you are *MARRIED*, your spouse is automatically your 100% primary beneficiary unless he or she consents to another beneficiary. Your spouse's written consent may be waived if:

- you were not married to your spouse during any part of your PERS or TRS employment;
- you have been married for less than two years and you have established that you and your spouse are not living together; or
- your spouse cannot be located.

Your spouse may waive entitlement to benefits by completing and signing the "*Spouse's Consent*" below before a notary public or other authorized person.

If you are a *SINGLE PARENT*, there are death benefits that may be payable to your dependent child if you die before retirement. **These benefits are only payable to your children if they are your designated beneficiaries.** Because benefits cannot be paid directly to minor children, they will be paid to the children's parent or legal guardian, unless you establish a trust and designate the trust as beneficiary for your children. You should NOT designate another person as beneficiary to receive your children's benefits. Benefits payable to TRS survivors under the 1% Supplemental Contributions provision will be paid in accordance with Alaska Statutes 14.25.162-164.

Spouse's Consent

I, _____, am the spouse of _____.
I understand that I am entitled to the death benefits that will be paid if my spouse dies. I have reviewed the *occupational* and *nonoccupational death provisions* described in the *PERS and TRS Information Handbooks*. I understand that, depending upon the circumstances of my spouse's death, I may be eligible to receive either a lump sum benefit or monthly benefits for the rest of my life and that major medical insurance will be available to me and my eligible dependents while I am receiving monthly benefits.

By signing this consent, I agree to waive my right to any benefits that would be paid to me and consent to the naming of the above beneficiary.

Your signature must be witnessed below

Signature

Date

Signature witnessed by:

_____ or _____
Plan Representative (Must be a designated employee
of the Division of Retirement and Benefits)

Notary Public or Postmaster

State of _____

My Commission Expires: _____

Section IV. Same-Sex Partner Beneficiary Designation Instructions

If you wish to designate a same-sex partner to receive survivor benefits that may become available upon your death under 14.25.157, 14.25.160, 14.25.162, 14.25.164, 14.25.167, AS 22.25.030, AS 39.35.420, AS 39.35.430, 39.35.440, 39.35.450, or former AS 39.37.060, you must submit the Same-sex Partner Affidavit, and you must provide the documentation, required by 2 AAC 38.010. Your same-sex partner must be the only "primary" beneficiary listed on this form in order to qualify for the survivor benefits provide by the statutes mentioned above.