



Retiree Beneficiary Designation

(Last Check and Account Balance)

FOR OFFICE USE ONLY

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alaska.gov/drb

Division of Retirement and Benefits
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Juneau, Alaska 99811-0203

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READ CAREFULLY BEFORE COMPLETING: The person(s) that you designate as your beneficiary or beneficiaries on this form will receive the retirement system benefits (last check and account balance, if any) payable upon your death. To change your beneficiary or beneficiaries address, marital status, or other information, complete and send a new form to the above address. NOT FOR SBS OR OPTIONAL LIFE INSURANCE.

SECTION I. PERSONAL DATA

Is this a new address? Yes No

Member's Name (Last, First, M.I.)		Social Security Number	Check all boxes that apply <input type="checkbox"/> Public Employees' Retirement System (PERS) <input type="checkbox"/> Judicial Retirement System (JRS) <input type="checkbox"/> National Guard Retirement System (NGRS) <input type="checkbox"/> Teachers' Retirement System (TRS) <input type="checkbox"/> Elected Public Officers Retirement System (EPORS)
Mailing Address (City, State, ZIP+ 4)			
Marital Status <input type="checkbox"/> Married—Date_____ <input type="checkbox"/> Divorced—Date_____	Date of Birth		
<input type="checkbox"/> Same-Sex Partner_____ <input type="checkbox"/> Single <input type="checkbox"/> Widowed			
Work Phone Number	Home Phone Number		

SECTION II. BENEFICIARY DESIGNATION

If you are married or a single parent, see the instructions on the back BEFORE designating your beneficiary or beneficiaries. Place an "X" in the appropriate box to specify whether the beneficiary is primary or contingent. The "primary" beneficiary or beneficiaries will receive benefits if you die. The "contingent" beneficiary or beneficiaries will receive benefits ONLY if the primary is deceased.

<input type="checkbox"/> PRIMARY	Last Name, First, M.I.	Percentage	Date of Birth	Relationship
Mailing Address (City, State, ZIP+4)		Social Security Number		

Check whether beneficiary is the primary or contingent Check if this is an address change for your beneficiary

<input type="checkbox"/> PRIMARY	Last Name, First, M.I.	Percentage	Date of Birth	Relationship
<input type="checkbox"/> CONTINGENT				
Mailing Address (City, State, ZIP+4)		Social Security Number		

<input type="checkbox"/> PRIMARY	Last Name, First, M.I.	Percentage	Date of Birth	Relationship
<input type="checkbox"/> CONTINGENT				
Mailing Address (City, State, ZIP+4)		Social Security Number		

<input type="checkbox"/> PRIMARY	Last Name, First, M.I.	Percentage	Date of Birth	Relationship
<input type="checkbox"/> CONTINGENT				
Mailing Address (City, State, ZIP+4)		Social Security Number		

<input type="checkbox"/> PRIMARY	Last Name, First, M.I.	Percentage	Date of Birth	Relationship
<input type="checkbox"/> CONTINGENT				
Mailing Address (City, State, ZIP+4)		Social Security Number		

I hereby certify that the information provided on this form is true and correct to the best of my knowledge. I understand that any deliberate misrepresentation for the purpose of obtaining benefits is an offense punishable by law.

Signature of Retiree	Date
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SECTION III. CONSENT TO BENEFICIARY DESIGNATION**INSTRUCTIONS**

If you are **MARRIED**, your spouse is automatically your 100% primary beneficiary unless they consent to another beneficiary, or your spouse is not entitled to benefits under the terms of a Qualified Domestic Relations Order (QDRO). 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 one year;
- 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 an authorized plan representative. If another person is entitled to benefits under a QDRO, that person may waive entitlement to benefits by completing and signing the "*QDRO Consent*" below before a notary public or an authorized plan representative.

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.

If you wish to designate a same-sex partner to receive survivor benefits that may become available upon your death under AS 14.25.155, 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.

SPOUSE'S CONSENT

I, _____, am the spouse of _____.

I understand that I may be 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 may 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.

Signature (*Your signature must be witnessed below*)

Date

Signature Witnessed by:

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

OR

Notary Public or Postmaster

ID Number

State of

Commission Expires