



Voluntary Savings Plan Beneficiary Designation

FOR OFFICE USE ONLY

PERS Tiers I, II & III Active Member Death Benefits

Toll-Free: (800) 821-2251
alaska.gov/drb

Division of Retirement and Benefits
P.O. Box 110203
Juneau, AK 99811-0203

Juneau: (907) 465-4460
TDD: (907) 465-2805
Fax: (907) 465-3086

This form allows you to designate a person or institution as your primary and contingent beneficiaries for receipt of retirement funds in the event of your death before retirement. It is important to include all of the information requested below, including a Social Security number for an individual or taxpayer identification number (TIN) for an institution. You may change your beneficiaries in the future by completing a new *Voluntary Savings Plan Beneficiary Designation – PERS Tiers I, II & III Active Member Death Benefits* form (pers051). Please print clearly in ink and return the original form to the Alaska Division of Retirement and Benefits at the address above.

SECTION 1 – MEMBER INFORMATION

Name (First, Middle, Last)	Social Security number										
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Mailing address (Street or P.O. Box, City, State, ZIP+4)	Daytime telephone number										
Marital status	Email address										
<input type="checkbox"/> Married <input type="checkbox"/> Never married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed											

SECTION II – PRIMARY BENEFICIARY DESIGNATION

	Full legal name of person, trust, or institution	Address, City, State, ZIP+4	Relationship to member	Date of birth	Social Security number (or TIN)	% of benefit
1.						
2.						
3.						
4.						

SECTION III – SECONDARY BENEFICIARY DESIGNATION (Will only receive benefits if all primary beneficiaries are deceased.)

	Full legal name of person, trust, or institution	Address, City, State, ZIP+4	Relationship to member	Date of birth	Social Security number (or TIN)	% of benefit
1.						
2.						
3.						
4.						

SECTION IV – SIGNATURE

On this form, I have made my beneficiary designations for Voluntary Savings Plan active member death benefits. I have read the instructions and understand that this form supersedes and revokes all prior designations and will become effective only when it is received by the Alaska Division of Retirement and Benefits.

Signature	Date