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Toll free - 888-320-7377 fax - 503-598-0561
Website - <http://oregon.gov/pers>

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.

If you are single, you must fill out the IAP Pre-Retirement Designation of Beneficiary: Single 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 for the IAP Pre-Retirement Designation of Beneficiary: Married Applicant form on pages 2, 3, and 4. Instructions for the IAP Pre-Retirement Designation of Beneficiary: Single Applicant form is on page 6.

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.

Instructions for IAP Pre-Retirement Designation of Beneficiary: Single Applicant

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 ID, 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.

If you have an IAP and/or an Alternate payee account You need to fill out a separate form for each account.

Section B: Beneficiary designation

Check the appropriate box to let us know if you want to use the standard beneficiary designation or to name a specific beneficiary.

When you choose the standard designation, you do not name any specific person. Instead, your beneficiary selection follows the order described in law.

The standard designation directs PERS to pay benefits in the order listed below:

- 1) To your spouse if you are legally married at the time of your death. If you are not, then to
- 2) your child* or children in equal shares. If any of your children are deceased, their portion is equally divided between their children who are alive at your death. If all of your children predecease you, their equal shares will be paid to their children. If there is no one in this group, then
- 3) to your mother and father in equal shares. If one of them predecease you, his/her share is paid to the other parent. If both parents predecease you, then
- 4) to your brothers and sisters in equal shares. If any one of them predecease you, their share will be paid to that sibling's children equally. If all of your brothers and sisters predecease you, all of their children will share equally. If there is no one in this group, then
- 5) payment will be made to your estate.

*Natural born and adopted children are considered "children" even if you selected the standard designation before or after their adoption or birth. If your children are adopted by someone else, they are not considered your "children" under the standard designation. If you wish to name the adopted-out children as your beneficiary, use the specific designation part of this form.

The standard beneficiary is only available for Option 1 (and applies only if you die before the date the first payment is due), Refund Annuity, 15-Year Certain, Lump-Sum Option 1, or Total Lump-Sum Option.

If you elect to name specific beneficiaries, you must list each beneficiary, your relationship to the beneficiary, and the percentage of your benefit you want to go to each person or entity you named. See Appendix C, page 29, of the *Tier One/Tier Two and Individual Account Program (IAP) Pre-Retirement Guide* for an example of "specific retiree designation of beneficiary."

If you have more than three beneficiaries, attach an additional sheet of paper that includes all the same information listed in the table for each beneficiary. Include your name and SSN at the top of each additional paper.

Section C: Estate designation

Check the box to indicate you want to designate your estate as the beneficiary. Enter the name of the personal representative and his/her address in the space provided.

Section D: Trust designation

Check the box to indicate you want to designate your trust as the beneficiary. Enter the legal name of the trust, the address of the trustee, and the date the trust was established in the spaces provided.

Important: If you have a complex beneficiary situation, you may want to consult an estate planning attorney.

Section E: Applicant statement (required)

Print and sign this form. This form is not valid unless you sign and date it. Incomplete forms will be returned.



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12208

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 B : 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 ID (optional)
Mailing address (street or PO box)			Social Security number (SSN)*
City	State	ZIP code	Country
Home phone number	Work phone number	Cell phone number	Email

Section B: Beneficiary designation

Select only one.

- I elect to use the **standard** beneficiary designation. Do not list specific beneficiary name(s) in the table below.
 I elect to use the **specific** designation of beneficiary.

You may designate more than one beneficiary and the percentage of the account distributed to each. The total percentage must equal **100 percent**. Complete the table below. Add additional beneficiaries on a separate sheet of paper.

How many beneficiaries do you want to designate? _____

Specific beneficiary #1 Primary beneficiary If living; otherwise, to #1 alternate beneficiary(ies).

#1	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage

Alternate beneficiary(ies): How many alternate beneficiaries do you want to designate? _____

(Benefit will go to those named below if #1 specific beneficiary is deceased.)

#1a	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage
#1b	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage

Specific beneficiary #2 Primary beneficiary If living; otherwise, to #2 alternate beneficiary(ies).

#2	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage

Alternate beneficiary(ies): How many alternate beneficiaries do you want to designate? _____

(Benefit will go to those named below if #2 specific beneficiary is deceased.)

#2a	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage
#2b	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage

Specific beneficiary #3 Primary beneficiary If living; otherwise, to #3 alternate beneficiary(ies).

#3	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage

Alternate beneficiary(ies): How many alternate beneficiaries do you want to designate? _____

(Benefit will go to those named below if #3 specific beneficiary is deceased.)

#3a	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage
#3b	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage

- 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 shared equally among the remaining primary beneficiaries living at my death.

*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 calling toll free 888-320-7377 or TTY 503-603-7766. Form #459-469 (9/18/2017) SL3 IIM Code: 12208

First name	MI	Last name	Social Security number
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Section C: Estate designation

I designate my estate as my beneficiary. Estates must receive 100 percent of the designation.

Name of personal representative: _____

Address: _____

Section D: 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 E: Applicant statement (required)

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

Signature

Date

Print name