

11410 SW 68th Parkway, Tigard OR 97223 Mailing Address – PO Box 23700, Tigard OR 97281-3700 Phone – 503-598-7377 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.

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 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)* 555-55-555 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)* 555-55-555 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)* 555-55-555 Percentage: 20% Date of birth (optional)*: 04/01/1957 Relationship (optional)*: Friend		
Alternate beneficiary 1a (Benefit will go to those named here if #1 specific beneficiary is deceased.) Name: Susie Jenkins Social Security # (optional)* 555-55-555 Percentage¹: 25% Date of birth (optional)*: 05/12/1993 Relationship (optional): Niece	Alternate beneficiary 2a (Benefit will go to those named here if #2 specific beneficiary is deceased.) Name: Anna Marie McMillan Social Security # (optional)* 555-55-555 Percentage¹: 25 % Date of birth (optional)*: 05/12/1993 Relationship (optional): Niece	Alternate beneficiary 3a (Benefit will go to those named here if #3 specific beneficiary is deceased.) Name: Sandy Murray Social Security # (optional)* 555-55-555 Percentage ¹ : 15% Date of birth (optional)*: 11/12/1959 Relationship (optional)*: Friend		
Alternate beneficiary 1b (Benefit will go to those named here if #1 specific beneficiary is deceased.) Name: Jordan Jenkins Social Security # (optional)* 555-55-555 Percentage¹: 15% Date of birth (optional)*: 06/01/1992 Relationship (optional)*: Nephew	Alternate beneficiary 2b (Benefit will go to those named here if #2 specific beneficiary is deceased.) Name: Lora McMillan Social Security # (optional)* 555-55-555 Percentage¹: 15% Date of birth (optional)*: 05/12/1985 Relationship (optional)*: Step-niece	Alternate beneficiary 3b (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		
¹ The 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.

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.

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.

Section E: 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 F: 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.

Section G: Applicant statement (required)

Your signature is required. Sign and date in the space provided.

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.



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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 pi	rint clearly in dark ink. Illegible fo	orms may be retu	rned to you, which could delay your request.)
First name		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 spousal consent is required to designate				s to a change of beneficiary. Notarized
Acknowledgment box: I acknowledgment dox:	ge my l	peneficiary is my spouse.	(If this box i	s checked, your spouse's signature is n
Spouse's name (required):				
Section C: Specific beneficiary des Consent box: My spouse consents to	_		-	
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) Pelationskin (optional)	(if living Name _ Social S Percent Date of	mary Beneficiary g; otherwise, to #2 alternates) Security # (optional) birth (optional) nship (optional)	(if l Nar Soc Per	Primary Beneficiary iving; otherwise, to #3 alternates) ne ial Security # (optional) centage e of birth (optional) attionship (optional)
Relationship (optional)	Alterna those na decease Name _ Social S Percent Date of	te beneficiary 2a (Benefit will amed here if #2 specific benefic	go to ciary is thos deconnected Nar Soc Per Date	ernate beneficiary 3a (Benefit will go to se named here if #3 specific beneficiary is eased.) me
Alternate beneficiary 1b (Benefit will go to those named here if #1 specific beneficiary is deceased.) Name Social Security # (optional) Percentage¹	Alterna those na decease Name _ Social S Percent	te beneficiary 2b (Benefit will amed here if #2 specific benefit d.) Security # (optional)	go to Altection ciary is those decomposition with the control of t	ernate beneficiary 3b (Benefit will go to se named here if #3 specific beneficiary is eased.) me
Date of birth (optional)		birth (optional)		e of birth (optional)
Relationship (optional)		nship (optional)		ationship (optional)
¹ The total of the percentages you enter for alternate be Additional beneficiaries? Please provide an a Label the attached pages Additional Beneficiaries.	dditiona	l sheet of paper that lists the	same informa	ation used above for each beneficiary.
☐ If any of the primary beneficiaries n the portion of my benefit that was do				

beneficiaries living at the time of my death.

Name:	SSN/PERS number:		
Section D: Charity designation			
☐ I designate the following charity as my benefice ☐ My spouse consents to the following benefice ☐ Indicate percentage amount to be designated. ☐ Name:	iary designation:		
Address:			
Section E: Estate designation			
☐ I designate my estate as my beneficiary.☐ My spouse consents to the following beneficiar	ary designation:		
Name of personal representative:			
Address of personal representative:			
Section F: Trust designation			
☐ I designate a trust as my beneficiary.☐ My spouse consents to the following beneficiar	ary designation:		
Legal name of trust (e.g., The Sara Smith Living	Trust):		
Address of trust:			
Date trust established:			
Section G: Spousal consent, signature, and r	notary (Spouse's signature must be notarized in box below.)		
I hereby consent to the designation of benefician	ry(ies) named in section C, D, E, and F.		
Spouse signature (do not print)	Date		
Print signature			
Notary Public	State of County of		
	Spouse signed before me on:		
	Spouse's name		
	By (notary's signature)		
	My commission expires		
Section H: Applicant statement (required)			
I hereby revoke any and all previous beneficiary d	lesignations 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 the supply your SSN in the supply your 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 the supply your SSN in the supply your SSN is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN is voluntary. It will be used for confirmation purposes are the supply your SSN is voluntary. It will be used for confirmation purposes are the supply your SSN is voluntary. It will be used for confirmation purposes are the supply your SSN is voluntary. It will be used for confirmation purposes are the supply your SSN is voluntary. It will be used for confirmation purposes are the supply your SSN is voluntary. It will be used for confirmation purposes are the supply your SSN is voluntary. It will be used for confirmation purposes are the supply your SSN is voluntary. It will be used for confirmation purposes are the supply your SSN is voluntary. It will be used for confirmation purposes are the supply your SSN is voluntary. It will be used for confirmation purposes are the supply your SSN is voluntary. It will be used for confirmation purposes are the supply your SSN is voluntary. It will be used for confirmation purposes are the supply your SSN is voluntary. It will be used for confirmation purposes are the supply your SSN is voluntary. It will be used for the supply your SSN is voluntary. It will be used for the supply your supply your supply your supply your sup

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.

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First name

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12208

PERS number (optional)

IAP Pre-Retirement Designation of Beneficiary: Single Applicant

Section A: Applicant information (Type or print clearly in dark ink. Illegible forms may be returned to you. This could delay your request.)

This form is strictly for the IAP. Call PERS or visit our website if this is not the form you need.

Mailing address (street or PO box)		Social Security number*
City State	Zip Country	Phone number
Section B: Beneficiary designation	n (Refer to instructions for explana	ation of beneficiary options.)
☐ I would like to use the standard be	neficiary designation.	
	ciary. If you choose this option, select f	rom the list below
☐ I want to designate a specific pers		ion the list below.
	ersons and a charity as my beneficiarie	s (Fill out Section C and Section D.)
Percentages must equal 100 perce		s. (1 III out section & and section D.)
☐ I want to designate a charity as m		
	* · · · · · · · · · · · · · · · · · · ·	a movet massive 100 managet of the designation
•	•	s must receive 100 percent of the designation
		nust receive 100 percent of the designation
Section C: Specific beneficiary de	signation (Do not fill this out if you ch	ose the standard beneficiary designation.)
Specific beneficiary #1	Specific beneficiary #2	Specific beneficiary #3
#1 Primary Beneficiary	#2 Primary Beneficiary	#3 Primary Beneficiary
(if living; otherwise, to #1 alternates)	(if living; otherwise, to #2 alternates)	(if living; otherwise, to #3 alternates)
Name	Name	Name
Social Security # (optional)	Social Security # (optional)	Social Security # (optional)
Percentage	Percentage	Percentage
Date of birth (optional)	Date of birth (optional)	Date of birth (optional)
Relationship (optional)	Relationship (optional)	Relationship (optional)
Alternate beneficiary Ia (Benefit will go to	Alternate beneficiary 2a (Benefit will go to	Alternate beneficiary 3a (Benefit will go to
those named here if #1 specific beneficiary is	those named here if #2 specific beneficiary is	those named here if #3 specific beneficiary is
deceased.)	deceased.)	deceased.)
Name	Name	Name
Social Security # (optional)	Social Security # (optional)	Social Security # (optional)
Percentage	Percentage	Percentage
Date of birth (optional)	Date of birth (optional)	Date of birth (optional)
Relationship (optional)	Relationship (optional)	Relationship (optional)
Alternate beneficiary 1b (Benefit will go to	Alternate beneficiary 2b (Benefit will go to	Alternate beneficiary 3b (Benefit will go to
those named here if #1 specific beneficiary is	those named here if #2 specific beneficiary is	those named here if #3 specific beneficiary is
deceased.)	deceased.)	deceased.)
Name	Name	Name
Social Security # (optional)	Social Security # (optional)	Social Security # (optional)
Percentage	Percentage	Percentage
Date of birth (optional)	Date of birth (optional)	Date of birth (optional)
Relationship (optional)	Relationship (optional)	Relationship (optional)
¹ The total of the percentages you enter for alternate	peneficiaries must equal the percentage you entered for	that primary beneficiary.
	additional sheet of paper that lists the same in es. Include your full name and Social Security	formation used above for each beneficiary. Lanumber.
☐ If any of the above named primary 1	peneficiaries predecease me and I have t	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.	
Name of personal representative:	
Address:	
Section F: Trust designation	
☐ I designate a trust as my beneficiary.	
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 r	my IAP account.
Applicant signature (do not print) Date	
Print name	

^{*}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.

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