

## IAP: Pre-Retirement Designation of Beneficiary Packet

**Important: Read instructions before you complete and submit enclosed forms.**

You must fill out a beneficiary form for the Individual Account Program (IAP) even if you have a PERS beneficiary form on file. If you do not do so, your benefits may be paid to someone other than your preference.

### Determining which Form to Complete

If you are married, you must fill out Pre-Retirement Designation of Beneficiary: Married Member.  
If you are single, you must fill out Pre-Retirement Designation of Beneficiary: Single Member.

### General Instructions

- Print clearly in black ink. Illegible forms may be returned. This could delay your request.
- 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 specific instructions for each form. You will find instructions on page 2.
- You may want to consult an estate attorney if you have a complex beneficiary situation.

### Things to Consider

- **If you elect a statutory beneficiary**, the order of distribution is: your spouse, surviving children, estate. This designation creates a chain of beneficiaries that automatically allows for future marriages, divorces, births, deaths, or adoptions within your family, as established by Oregon law. The elections you make here will supercede any distribution of your IAP account made in any will you may have completed.
- **If you elect a specific beneficiary**, you may designate as many beneficiaries as you like and the percentage of the account distributed to each. You can also choose an estate or trust.
- A married member's account must be paid to the spouse unless the spouse consents to a change of beneficiary.
- Notarized spousal consent is required to designate a beneficiary other than a spouse.
- Spousal consent can be revoked up to the time of the member's death. To revoke spousal consent you must complete and submit the Revocation of Spousal Beneficiary Designation. Once PERS accepts and approves the revocation form, the spouse will be considered the beneficiary until and unless you file another valid change of beneficiary with PERS.
- If a spouse is named as beneficiary and a divorce occurs, the spouse will be deemed as having predeceased the member.
- **Beneficiary designation is not valid until accepted and approved by PERS.**

Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. Failure to supply your SSN may delay the processing of this 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 503-598-7377, toll-free 888-320-7377, or TTY 503-603-7766.

## Instructions for Married Members

- Use IAP Pre-Retirement Designation of Beneficiary: Married Member form if you are married.

### Section A

- Fill in the personal information block completely. If you do not know your PERS number, leave it blank. Providing your SSN is voluntary; not doing so may delay the processing of your form. All other information is mandatory.

### Section B

- Your beneficiary must be your spouse unless your spouse consents to another beneficiary. Check the acknowledgement box if your spouse is your beneficiary.
- If your designated beneficiary predeceases you, then any PERS IAP death benefits that may be due and payable will be processed/distributed in accordance with ORS 238A.
- If you name a contingent beneficiary, please use full given names (see Section C instructions below).
- Sign and date the member statement at the bottom of the form and mail it to PERS.

### Section C

- If your spouse consents to another beneficiary, check the consent box in this section.
- Complete the beneficiary designation box. Make sure you fill this out completely. If you choose more than one beneficiary, make sure to include the percentage of your account that you want to go to each beneficiary.
- If you use percentages when designating specific beneficiaries, you must name a contingent beneficiary for each beneficiary.
- Use **full given names**. For example; Mary R. Doe, not Mrs. Robert Doe.
- Provide the date of birth for each beneficiary.
- To name **co-beneficiaries**:  
Mary J. Doe    Mother 1/30/1901  
and  
John R. Doe    Father 11/10/1900
- To name a **contingent beneficiary**:  
Mary J. Doe    Mother 1/30/1901 if living,  
otherwise to  
Betty A. Jones    Sister 8/12/1935
- To designate your **estate as beneficiary**, write “estate.”
- To designate a trust, name a trustee **and** a successor trustee rather than the trust itself, e.g., “To John Doe (name) trustee, or Jane Doe (name), successor trustee, of the (name of trust), dated (date), held by (name and address).”

### Section D

- If you name a beneficiary other than your spouse, your spouse must sign in front of a notary and have his or her signature notarized.

### Section E

- You must sign and date the member statement at the bottom of the form. Your signature does not have to be notarized.

## Instructions for Single Members

- Use IAP Pre-Retirement Designation of Beneficiary: Single Member form if you are single.

### Section A

- Fill in the personal information block completely. If you do not know your PERS number, leave it blank. Providing your SSN is voluntary; not doing so may delay the processing of your form. All other information is mandatory.

### Section B

- Select **one** of the beneficiary option boxes.
- If you check the statutory box, sign and date the statement at the bottom of the form and mail the form to PERS. (See page 1 for order of beneficiaries.)
- If you check the specific beneficiary box, complete the beneficiary designation box. (For an example, see instructions above under Instructions for Married Member, Section B.)

### Section C

- Sign and date the member statement at the bottom of the page and mail the form to PERS.



## IAP Pre-Retirement Designation of Beneficiary: Married Member

### Section A: Member Information

First name	MI	Last name	Social Security number
Mailing address (street or PO box)			PERS number
City	State	Zip	Country
			Phone number

### Fill out either Section B or Section C

#### Section B: Spousal Designation

A married member's account must be paid to the spouse unless the spouse consents to a change of beneficiary. Notarized spousal consent is required to designate a beneficiary other than the spouse.

**Acknowledgement box:**  I acknowledge my beneficiary is my spouse. (If this box is checked, spouse's signature is not needed.)

Spouse's name: \_\_\_\_\_

Contingency designation			
Full name of beneficiary	Relationship	Date of birth	Percentage

#### Section C: Spousal Consent for Alternate Beneficiary

**Consent box:**  My spouse consents to the following specific beneficiary designation. (See page 2 for complete instructions.)

Beneficiary designation			
Full name of beneficiary	Relationship	Date of birth	Percentage

#### Section D: Spousal Statement

I hereby consent to the beneficiary named above. (Spouse's signature must be notarized in box below.)

\_\_\_\_\_  
 Spouse signature (do not print)                      Date

<b>Notary Public</b>          Use space for seal	State of	County of
	Signed before me on this date:	
	Spouse name (please print)	
	By (notary's signature)	
	My commission expires	

Office use only	
<input type="checkbox"/> PERS <input type="checkbox"/> OPSRP <input type="checkbox"/> IAP	
<input type="checkbox"/> Member <input type="checkbox"/> Alternate payee <input type="checkbox"/> Cross reference member SSN	

#### Section E: Member Statement (Required)

I hereby revoke any and all previous beneficiary designations for my IAP account. (Notarization not necessary.)

\_\_\_\_\_  
 Member signature (do not print)                      Date  
 OPSRP/IAP Form #459-94w.pdf (4/1/2004) IIM Code: 12208



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 Web site – www.pers.state.or.us



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## IAP Pre-Retirement Designation of Beneficiary: Single Member

### Section A: Member Information

First name	MI	Last name	Social Security number
Mailing address (street or PO box)			PERS number
City	State	Zip	Country
			Phone number

### Section B: Beneficiary Option

Select only one of the beneficiary boxes below:

- I elect the statutory designation. (See instructions.)
- I designate the following specific beneficiary(ies):  
**Note:** Failure to designate a beneficiary will result in statutory distribution (spouse, surviving children, member's estate).

#### Beneficiary designation

Full name of beneficiary	Relationship	Date of birth	Percentage

### Section C: Member Statement (Required)

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

\_\_\_\_\_  
 Member signature (do not print)

\_\_\_\_\_  
 Date

Office use only	
<input type="checkbox"/> PERS <input type="checkbox"/> OPSRP <input type="checkbox"/> IAP	
<input type="checkbox"/> Member <input type="checkbox"/> Alternate payee <input type="checkbox"/> Cross reference member SSN	