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Individual Account Program (IAP): Retirement Designation of Beneficiary Packet

Important: Read instructions before you complete and submit the enclosed form.

General Instructions

- Type or print clearly in dark ink. Illegible forms may be returned, which could delay your request.
- We do not need your email address to process your application but it is helpful to have it on file in case we need to contact you.
- Do not cross out, modify, or alter the application in any way—this could void your application.
- Sign and date the statement at the bottom of the form, and mail or fax the form to PERS.
- Return your application to PERS, and keep a copy for your records.

Section A: Applicant information (required)

Fill in this section completely. Make sure you provide your Social Security number (SSN) and your PERS ID in the boxes at the top right-hand side of the application. If you do not know your PERS ID, leave the PERS ID box (located directly above your SSN) blank.

Enter your date of birth in the area provided. If you do not have an email address or prefer not to be contacted through email, you can leave the field blank.

Section B: IAP beneficiary election

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.

If you choose 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 of your estate and the address in the spaces provided.

Section D: Trust designation

Check the box to indicate you want to designate a trust as the beneficiary. Enter the legal name of the trust, the address, 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 signature

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.**



Individual Account Program (IAP): Retirement Designation of Beneficiary

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

First name		MI	Last name		Social Security number (SSN)*
Mailing address (street or PO box)					PERS ID (optional)
City		State	ZIP code	Country	Date of birth (mm-dd-yyyy)
Home phone number	Work phone number	Cell phone number		Email	

Section B: IAP beneficiary information

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.
 If you designate specific beneficiaries you must include 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 may 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.

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

I designate my estate as my beneficiary.

Name of personal representative: _____

Address: _____

Section D: Trust designation

I designate a trust as my beneficiary.

Legal name of trust (e.g., The Sara Smith Living Trust) _____

Name of trustee _____

Address: _____

Date trust established: _____

Section E: Applicant Signature

Applicant signature (do not print)

Date

Be sure to read instruction page carefully for important information.

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