



11410 SW 68th Parkway, Tigard OR 97223
 Mailing Address – PO Box 23700, Tigard OR 97281-3700
 Toll free – 888-320-7377 Fax – 503-598-0561
 Website – <https://oregon.gov/pers>



Judge Member Service: Preretirement Beneficiary Designation

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

Section A: Member information (Type or print clearly in dark ink. Illegible forms could be returned to you which 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	Date of birth (mm/dd/yyyy)
Home phone number	Work phone number		Cell phone number	Personal email	

Section B: Spouse information

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

Section C: Optional Election

Yes, I am also electing to have all or a portion of my surviving spouse’s pension paid to a former spouse. You must complete a [Judge Member Election of Former Spouse as a Pension Recipient form](#).

Section D: Beneficiary determination information

- The surviving spouse of a judge member is the automatic recipient of a surviving spouse pension under ORS 238.565 unless a prenuptial or antenuptial agreement stating otherwise has been filed with PERS.
- A judge may elect to have a former spouse receive all or a portion of the pension payable to a surviving spouse. To make this election, a Judge Member Election of Former Spouse as a Pension Recipient form must be completed. ORS 238.565(8).
- If the judge does not have a spouse, PERS has been provided a prenuptial or ante-nuptial agreement, or the spouse predeceases the judge, the beneficiary named here will receive a lump-sum payment of any remaining balance of the judge member account at the time of the judge’s death.
- If a surviving spouse receiving a death pension dies and the total retirement allowance received by the judge and the death pension received by the spouse is less than the judge member account on the date of the judge’s retirement, the beneficiary named here will receive a lump-sum amount equal to the difference between the total amount received as retirement and death pension benefits and the amount of the judge account at retirement.
- If all beneficiaries predecease the judge, the unpaid judicial account balance is paid to the judge’s estate.

*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.

Section E: Designation instructions

- You may name persons, charities, trusts, or your estate as beneficiary.
- Providing the requested information assists PERS in locating your beneficiary after your death.
- If you need to add more 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 sheet. Your signature is required on each additional sheet.
- The percentages assigned to primary beneficiaries must total 100%. Example, if you want to name 3 beneficiaries as equally as possible, use 33.33%, 33.33% and 33.34%.
- If you do not assign percentages, the beneficiaries on that level (primaries or alternates under each specific primary) will share equally.
- You can name one or more alternate beneficiaries for each of your primary beneficiaries. The alternates will receive the primary beneficiary's share if the primary beneficiary predeceases you. Note: The percentage you designate for the alternates must equal the percentage you assigned to the primary beneficiary (i.e., if you designate 50% to primary beneficiary #1 and have two alternates for that beneficiary, the percentages for the two alternates must total 50%).
- If you name a trust as a beneficiary, write the complete name of the trust in the 'full name' field.
- If you are naming your estate as beneficiary, write "My estate" in the 'full name' field. You are not permitted to name an alternate beneficiary for your estate.

Example designation:

Primary beneficiary #1						If surviving; otherwise, to #1 alternate beneficiary(ies).					
#1	Full name <i>Jane Smith</i>			Social Security # <i>000-00-0000</i>		Date of birth <i>6/15/1982</i>		Phone <i>503-555-1212</i>		Percentage 50 %	
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input checked="" type="checkbox"/> Charity <input type="checkbox"/> Trust		Email or address <i>jan smith@gmail.com</i>			Relationship <i>Daughter</i>					
Alternate beneficiary(ies) for Primary #1						Alternate percentages must equal percentage assigned to Primary #1					
#1a	Full name <i>Mary Brown</i>			Social Security # <i>000-00-0000</i>		Date of birth <i>8/25/1956</i>		Phone <i>808-555-4111</i>		Percentage 30 %	
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input checked="" type="checkbox"/> Charity <input type="checkbox"/> Trust		Email or address			Relationship <i>Sister</i>					
#1b	Full name <i>Animals Win</i>			Social Security #		Date of birth		Phone <i>888-555-1111</i>		Percentage 20 %	
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input checked="" type="checkbox"/> Charity <input type="checkbox"/> Trust		Email or address <i>000 Dalmatian Dr., Portland, OR</i>			Relationship					

Primary beneficiary #2						If surviving; otherwise, to #2 alternate beneficiary(ies).					
#2	Full name <i>George Smith</i>			Social Security # <i>000-00-0000</i>		Date of birth <i>4/15/1975</i>		Phone <i>808-555-1612</i>		Percentage 50 %	
	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust		Email or address <i>000 Ocean Way, Hilo, HI</i>			Relationship <i>Son</i>					
Alternate beneficiary(ies) for Primary #2						Alternate percentages must equal percentage assigned to Primary #2					
#2a	Full name <i>Christina Smith</i>			Social Security # <i>000-00-0000</i>		Date of birth <i>2/19/1997</i>		Phone <i>808-555-6641</i>		Percentage 25 %	
	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust		Email or address <i>000 Ocean Way, Hilo, HI</i>			Relationship <i>Granddaughter</i>					
#2b	Full name <i>Jacob Smith</i>			Social Security # <i>000-00-0000</i>		Date of birth <i>6/15/1988</i>		Phone <i>808-555-1620</i>		Percentage 25 %	
	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust		Email or address <i>000 Ocean Way, Hilo, HI</i>			Relationship <i>Grandson</i>					

- The percentages of #1 and #2 primary beneficiaries add up to 100% (50+50=100).
- The percentages of #1a and #1b alternate beneficiaries add up to the #1 primary's percentage (30+20=50).
- The percentages of #2a and #2b alternate beneficiaries add up to the #2 primary's percentage (25+25=50).

It is not necessary to return this page with your designation.

First name	MI	Last name	Social Security number
------------	----	-----------	------------------------

Section F: Designation

Please include as much information as possible. This information will assist in locating your beneficiary(ies).

Primary beneficiary #1		If surviving; otherwise, to #1 alternate beneficiary(ies).			
#1	Full name	Social Security #	Date of birth	Phone	Percentage
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship	
Alternate beneficiary(ies) for Primary #1 Alternate percentages must equal percentage assigned to Primary #1.					
#1a	Full name	Social Security #	Date of birth	Phone	Percentage
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship	
#1b	Full name	Social Security #	Date of birth	Phone	Percentage
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship	

Primary beneficiary #2		If surviving; otherwise, to #2 alternate beneficiary(ies).			
#2	Full name	Social Security #	Date of birth	Phone	Percentage
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship	
Alternate beneficiary(ies) for Primary #2 Alternate percentages must equal percentage assigned to Primary #2.					
#2a	Full name	Social Security #	Date of birth	Phone	Percentage
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship	
#2b	Full name	Social Security #	Date of birth	Phone	Percentage
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship	

Check this box if you want PERS to apply the following: If any of the 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 the time of my death.

Section G: Applicant statement (Signature required, electronic and digital signatures are not accepted.)

I, the applicant, hereby revoke any and all previous beneficiary designations for my Judge account.

Print name

Applicant's signature (do not print, must be a handwritten signature)

Date

Print and sign this form. This form is not valid unless signed, dated, and accepted by PERS. Invalid forms will be rejected. Mail to PERS, PO Box 23700, Tigard OR 97281-3700, or fax it to 503-598-0561.