



Tier One/Tier Two Postretirement Beneficiary Designation

This form is strictly for Tier One/Tier Two members who meet one of the following criteria:

- Retired under the Refund Annuity or 15-Year Certain options.
- Retired under the Total Lump-sum or Lump-sum Option 1 options and are still receiving lump-sum installments.
- Are in the process of retiring and need to designate a beneficiary under one of the nonsurvivorship options above or under Option 1 or Refund Annuity, if a member dies after their effective retirement date but before their first benefit payment is due, the death is considered a preretired death. In this event, PERS will use the beneficiary on this designation FORM as YOUR preretirement beneficiary DESIGNATION.

This form does not impact your Individual Account Program (IAP) beneficiary designation.

This form cannot be used for survivorship option beneficiary changes, which are only allowed pursuant to a divorce. See form *Divorce: Postretirement Survivorship Beneficiary Change*.

Section A: Member information

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

Section B: Beneficiary determination information

Upon your death, PERS will pay nonsurvivorship beneficiary benefits, if any, per the Tier One/Tier Two retirement or postretirement beneficiary designation on file.

If you do not have a designation on file for your Tier One/Tier Two benefit or your designated beneficiary(s) predeceases you, PERS will pay per the statutory order in effect at the time of your death. The statutory order in effect at the time of publication of this form is: (A) Surviving spouse; if none, to (B) **Surviving children, in equal shares; if none, to (C) The member’s estate.

**Biological and adopted children are considered “children.” If your biological children are adopted by someone else, they are not considered your “children.” Stepchildren are not considered your “children” unless legally adopted.

Section C: Designation instructions

- **You must provide a notarized declaration in Section D. Nonnotarized forms will be rejected.**
- **Your spouse (or former spouse) may be required to provide a notarized declaration in Section D. When required, nonnotarized forms will be rejected. (See Section D for details)**
- 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.

*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 can request help by calling 888-320-7377 or TTY 503-603-7766.

Section C: Designation instructions - continued

- 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 checked="" type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address <i>janesmith@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 checked="" type="checkbox"/> Person <input type="checkbox"/> Estate <input 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
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Section C: 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 my death.

First name	MI	Last name	Social Security number
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Section D: Member declaration and Spousal consent - notarized signatures (Required)

Do not complete any portion of this section until you are with the notary.

Member must declare marital status and sign designation in the presence of a notary.

If spousal consent is required, spouse (or former spouse) must also sign in the presence of a notary.

<p>Member declaration of marital status at Effective Retirement Date (ERD)</p> <p><input type="checkbox"/> At my ERD, I was Single.</p> <ul style="list-style-type: none"> No Spousal Consent required. <p><input type="checkbox"/> At my ERD, I was Married.</p> <ul style="list-style-type: none"> <u>Notarized Spousal Consent is Required.</u> This consent must be given by your spouse as of your ERD. If you are no longer married to this individual, their consent is still required and should be completed in the Notarized Spousal Consent section. <p>Check appropriate box if you were married at your ERD but no longer need Spousal Consent for one of the following reasons:</p> <ul style="list-style-type: none"> <input type="checkbox"/> My spouse has passed away and their death certificate is included or has previously been provided to PERS. <input type="checkbox"/> A court order allowing me to change my Tier One/ Tier Two nonsurvivorship beneficiary is included or has previously been provided to PERS. <p>I have provided true marital status information above and request to update my beneficiary designation.</p>		<p>Spousal consent</p> <p>Required if the member was married on their effective retirement date, unless the death or divorce exception has been selected in the member declaration area and the supporting documents have been submitted to PERS.</p> <p>By my notarized signature below, I consent to the beneficiary the member, my spouse (or former spouse) is selecting on this designation.</p>	
Applicant's signature	Date	Spouse's signature	Date
Notary Public		Notary Public	
State of	County of	State of	County of
Applicant name		Spouse name	
Signed before me on this date		Signed before me on this date	
By (notary's signature)		By (notary's signature)	

This form is not valid unless signed, dated, notarized 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.