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## Divorce: Postretirement Designation to name Secondary Beneficiaries

This form is strictly for retired members who have an administrable **court order on file with PERS that allows for secondary beneficiaries to be named for the portion of Tier One/Tier Two or OPSRP death pension benefits not designated to an Alternate Payee**, former spouse or former registered domestic partner (RDP) per their court order.

Members may change their secondary beneficiaries any time prior to death.

### Section A: Member information

Full name	Social Security number*	PERS ID (optional)
Mailing address	Personal email	

### Section B: Alternate Payee designation

**Per court order, your Alternate Payee (AP) or former spouse/RDP is required to be your Primary beneficiary for a portion of your postretirement death pension benefit. Please provide their name. PERS will use your court order on file to determine the portion of death benefits payable to your AP, former spouse/RDP.**

Alternate payee/former spouse/former registered domestic partner name:	Designated amount: Per court order - (PERS will determine)
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### Section C: 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 secondary 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 (secondaries or alternates under each specific secondary) will share equally.
- You can name one or more alternate beneficiaries for each of your secondary beneficiaries. The alternates will receive the secondary beneficiary’s share if the secondary beneficiary predeceases you. Note: The percentage you designate for the alternates must equal the percentage you assigned to the secondary beneficiary (i.e., if you designate 50% to secondary 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.

\*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**

**Example designation:**

Secondary 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  <b>50 %</b>
	<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 Secondary #1      Alternate percentages must equal percentage assigned to Secondary #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  <b>30 %</b>
	<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  <b>20 %</b>
	<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	

Secondary 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  <b>50 %</b>
	<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 Secondary #2      Alternate percentages must equal percentage assigned to Secondary #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  <b>25 %</b>
	<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  <b>25 %</b>
	<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 secondary beneficiaries add up to 100% (50+50=100).
- The percentages of #1a and #1b alternate beneficiaries add up to the #1 secondary's percentage (30+20=50).
- The percentages of #2a and #2b alternate beneficiaries add up to the #2 secondary'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: Secondary beneficiary designation**

Follow the instructions on pages 1 and 2 to assign percentages totaling 100%. The 100% you assign will be applied to the portion of your benefits that were not required by your court order to be designated to your AP or former spouse/RDP.

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

<b>Secondary beneficiary #1</b>		If surviving; otherwise, to #1 alternate beneficiary(ies).			
<b>#1</b>	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 Secondary #1		Alternate percentages must equal percentage assigned to Secondary #1.			
<b>#1a</b>	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	
<b>#1b</b>	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	

<b>Secondary beneficiary #2</b>		If surviving; otherwise, to #2 alternate beneficiary(ies).			
<b>#2</b>	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 Secondary #2		Alternate percentages must equal percentage assigned to Secondary #2.			
<b>#2a</b>	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	
<b>#2b</b>	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 secondary 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 secondary beneficiaries living at the time of my death.

First name	MI	Last name	Social Security number
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**Section D: Applicant statement (Signature required, electronic and digital signatures are not accepted.)**

By my signature below, I acknowledge that:

- Per my court order, my Alternate Payee or former spouse/RDP, is my Primary beneficiary and upon my death will receive a portion of the death pension benefit.
- Per my court order, I am permitted to name secondary beneficiaries to receive the portion of the death pension benefit not designated to my Alternate Payee or former spouse/RDP.
- If the available death pension benefits are from a survivorship option, the benefits payable to my Alternate Payee or former spouse/RDP and those payable to my secondary beneficiaries, are payable for the life of my Alternate Payee or former spouse/RDP. All benefits cease upon the later of my or my Alternate Payee or former spouse/RDP's death. If my Alternate Payee or former spouse/RDP predeceases me, my secondary beneficiaries will not receive survivor death pension benefits.
- If the available death pension benefits are from a non-survivorship option, the benefits payable to my Alternate Payee or former spouse/RDP and those payable to my secondary beneficiaries, will not be based on anyone's lifetime. The benefits will be paid out in accordance with the rules associated with the option I selected at retirement.
- This designation revokes all previous Secondary designations for my death pension benefits.

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

\_\_\_\_\_  
Date

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.