



## Alternate Payee IAP Post-Retirement Beneficiary Designation

This form is strictly for a retired Alternate Payee's (AP) Individual Account Program (IAP) account awarded by a court order.

### Section A: Alternate payee information

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: Beneficiary determination information

If you die after retirement, PERS will pay any remaining IAP balance per the retirement/post-retirement IAP beneficiary designation on file.

If you do not have a designation on file for your IAP account or your designated beneficiary 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) Your estate.

\*\*Biological and adopted children are considered "children." If your biological children are adopted by someone else, they are not considered your "children."

### Section C: Designation instructions

- **You must provide a notarized declaration of your marital status in Section D. Nonnotarized forms will be rejected.**
- You may name persons, charities, trusts, or your estate as beneficiary.
- **If married**, you must name your spouse as your sole 100% primary beneficiary unless your spouse provides notarized consent in Section D allowing designation of another party as primary. The notarized spousal consent is required regardless of the percentage(s) designated to a primary other than your spouse.
- 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.
- 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.

\*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 C: Designation instructions - continued

- If you have an Alternate Payee (AP) IAP account from a divorce award and you have a member IAP account, you need to submit a separate designation for each account. This form is for AP accounts only.
- If you name your spouse as beneficiary and later get divorced, your spouse will be deemed as having predeceased you unless you or a court order expressly designates your former spouse to continue as beneficiary after the effective date of your divorce. This means that your former spouse is no longer your beneficiary unless otherwise provided by you or a court order.
- If your spouse has consented to a beneficiary other than themselves, your spouse can revoke consent up to the time of your death. To revoke spousal consent, PERS must receive and accept an [IAP: Revocation of Spousal Consent of Beneficiary Designation](#) form submitted by your spouse. If this occurs, your spouse will become your sole primary beneficiary.

### 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  <i>50 %</i>
	<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  <i>30 %</i>
	<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  <i>20 %</i>
	<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  <i>50 %</i>
	<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  <i>25 %</i>
	<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  <i>25 %</i>
	<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: Alternate Payee declaration and Spousal consent - notarized signatures (Required)

<p>Do not complete any portion of this section until you are with the notary.</p> <p><b><u>Alternate Payee must declare current marital status and sign designation in the presence of a notary.</u></b></p> <p>If spousal consent is required, spouse must also sign in the presence of a notary.</p>			
<p><b>AP declaration of Marital status (Required)</b></p> <p><input type="checkbox"/> As of my signature date below, <b>I am single.</b></p> <p><input type="checkbox"/> As of my signature date below, <b>I am married.</b></p> <p>I understand my spouse is my sole 100% primary beneficiary, unless notarized spousal consent allowing another party to be designated as primary is completed as part of this designation.</p> <p><b>Spouse's name (required)</b> _____</p> <p><b>I, the applicant, hereby revoke any and all previous beneficiary designations for my AP IAP account.</b></p>		<p><b>Spousal consent</b></p> <p>Required if the alternate payee did not name their spouse as their sole 100% primary beneficiary.</p> <p><b>By my notarized signature below, I consent to the beneficiary my spouse (the AP) selected.</b></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.