



Alternate Payee Post-Retirement Beneficiary Designation for Reduction or Deduction Awards

This form is strictly for an Alternate Payee (AP) or Former Registered Domestic Partner (RDP) who is receiving Reduction or Deduction benefit payments awarded by a court order from a Tier One/Tier Two or OPSRP member as a result of a divorce, dissolution of registered domestic partnership, or legal separation.

Section A: AP or Former RDP 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, if your court order directs that your Reduction or Deduction award is to be paid to your beneficiary, PERS will pay any available benefits per the *Alternate Payee Post-Retirement Beneficiary Designation for Reduction or Deduction Awards* form on file.

If you do not have a valid designation on file for your Reduction or Deduction award, or your designated beneficiary predeceases you, PERS will pay per the statutory order in effect at the time of your death unless your court order provides alternate direction.

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 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 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:

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>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 <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 the time of my death.

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

I, the applicant, hereby revoke any and all previous beneficiary designations for my AP or former RDP Reduction or Deduction benefit award.

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.