

First name	MI	Last name	Social Security number
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Supplemental Insert to Name Additional Beneficiaries

This form is strictly to be used in conjunction with a retirement application or beneficiary designation to name additional beneficiaries.

Instructions

- This form may only be submitted **with** your beneficiary designation or retirement application.
- This form is not a designation if received separately from your beneficiary designation or retirement application and will not be processed.
- Enter the number you are assigning to this primary beneficiary in the space next to the # sign.
- If you are naming alternate beneficiaries for a primary, enter the same number you assigned to the primary next to each letter where you are naming an alternate.
- You may include as many supplemental sheets as needed to name your beneficiaries.
- Please include as much information as possible. This information will assist in locating your beneficiary(ies).

Designation

Select the account type this applies to (**Only one may be selected. Submit separate insert for each plan as needed.**):

☐ PERS Tier One or Tier Two ☐ Individual Account Program (IAP)

Primary beneficiary # _____		If surviving; otherwise, to below alternate beneficiary(ies).				
# _____	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 beneficiaries' percentage total must equal percentage assigned to the associated Primary.						
# _____ a	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	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		
# _____ c	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		
# _____ d	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		
# _____ e	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		