



Member Name: _____ Member SSN: _____

This form is for retired members, including Deferred Retirement Option Program (DROP) participants, who wish to designate or change their beneficiaries. Benefits due for the month of your death will be paid to your estate. Benefits due (if applicable) after the month of death are payable to the designated beneficiary on file with the division.

Please list (type or print) your beneficiaries' information below. Return the notarized form to the Division of Retirement at the above address and keep a copy for your records. Call the division if this form does not meet your individual needs.

1. **Primary Beneficiary(s)** - Indicate percentages if naming more than one primary beneficiary. Percentages for primary beneficiaries must total 100 percent. After the death of all primary beneficiaries, any remaining benefits are paid to the contingent beneficiary(s).

Beneficiary	SSN	Relationship	Birthdate	Sex	Percentages
A. _____	_____	_____	_____	_____	_____ %
B. _____	_____	_____	_____	_____	_____ %
C. _____	_____	_____	_____	_____	_____ %
D. _____	_____	_____	_____	_____	_____ %

2. **Contingent Beneficiary(s)** - Indicate percentages if naming more than one contingent beneficiary. Percentages for contingent beneficiaries must total 100 percent. After the death of all primary beneficiaries and contingent beneficiaries, any remaining benefits are paid to the last beneficiary's estate.

Beneficiary	SSN	Relationship	Birthdate	Sex	Percentages
A. _____	_____	_____	_____	_____	_____ %
B. _____	_____	_____	_____	_____	_____ %
C. _____	_____	_____	_____	_____	_____ %
D. _____	_____	_____	_____	_____	_____ %

Member Signature (sign in the presence of a Notary) _____

Notary:
 State of _____, County of _____ The above named person who has

sworn to and subscribed before me this _____ day of _____ 20____ and who is
 personally known _____ or produced _____ identification.

Signature of Notary Public

Print, Type or Stamp Commissioned Name of Notary Public