



RETIRED MEMBER DESIGNATION OF BENEFICIARY

PART 1 — MEMBER INFORMATION

Name _____

Address _____

Birth Date ____/____/____ Social Security Number _____ Phone Number _____

PART 2 — GROUP LIFE INSURANCE — This designation is for any group life insurance benefit payable at the time of your death. If no beneficiaries are named, the benefit will be payable to your estate.

Primary Beneficiary(ies) - Will receive this benefit upon your death.

	Beneficiary Name	Relationship	Social Security Number	Birth Date
1.	_____	_____	_____	____/____/____
	Address _____			
2.	_____	_____	_____	____/____/____
	Address _____			
3.	_____	_____	_____	____/____/____
	Address _____			

Contingent Beneficiary(ies) - Will receive this benefit if all primary beneficiaries listed above predecease you.

	Beneficiary Name	Relationship	Social Security Number	Birth Date
1.	_____	_____	_____	____/____/____
	Address _____			
2.	_____	_____	_____	____/____/____
	Address _____			
3.	_____	_____	_____	____/____/____
	Address _____			

PART 3 — PENSION BENEFIT — This designation is for any pension benefits remaining at the time of your death based on the retirement system to which you belong. If no beneficiaries are named, this benefit will be payable to your estate.

Primary Beneficiary(ies) - Will receive this benefit upon your death.

	Beneficiary Name	Relationship	Social Security Number	Birth Date
1.	_____	_____	_____	____/____/____
	Address _____			
2.	_____	_____	_____	____/____/____
	Address _____			
3.	_____	_____	_____	____/____/____
	Address _____			

Contingent Beneficiary(ies) - Will receive a benefit if all primary beneficiaries listed above predecease you.

	Beneficiary Name	Relationship	Social Security Number	Birth Date
1.	_____	_____	_____	____/____/____
	Address _____			
2.	_____	_____	_____	____/____/____
	Address _____			
3.	_____	_____	_____	____/____/____
	Address _____			

MEMBER'S SIGNATURE _____ **DATE** ____/____/____

FREQUENTLY ASKED QUESTIONS

- 1. Q. All of my beneficiaries' information will not fit on this application. What do I do?**

A. If additional space is required, an attachment sheet is acceptable, provided it is signed and dated by you. In addition to the beneficiary information, please be sure to include your name, date of birth, address, daytime telephone number and Social Security number.
- 2. Q. What if I leave a section blank?**

A. If the Group Life Insurance section is not completed (and you have group life insurance coverage as a retired member), this benefit will be payable to your estate. If the Pension Benefit section is left blank, your beneficiary will depend on the retirement system to which you belong (and the retirement option you selected if you are a PERS or TPAF member). However, if the only pension benefit payable is the last check benefit, and you leave the Pension Benefit section blank, this benefit will be payable to your estate.
- 3. Q. I am in the process of getting divorced. How should I word my form?**

A. Since each divorce case (or dissolution of a civil union) is different and can be complex, please refer to the *Divorce, Dissolution of a Civil Union, and Retirement Benefits* Fact Sheet.
- 4. Q. Can my power of attorney complete my *Retired Member Designation of Beneficiary* form?**

A. Per statute, in order for a power of attorney to change beneficiary information, his or her power of attorney documents must specifically state this right. Further, should you wish the power of attorney to be able to nominate himself or herself as beneficiary, the power of attorney document must specifically state that right as well. Most standard power of attorney documents do not grant these rights. Before your power of attorney files a *Retired Member Designation of Beneficiary* form on your behalf, please carefully review your power of attorney documents. If your power of attorney completes the form, you must supply a copy of the POA with the beneficiary change form.

DOs & DON'Ts

Do designate both primary and contingent beneficiaries. Unless otherwise stated, all beneficiaries will share and share alike.

You may nominate any of the following as your primary or contingent beneficiary:

- A person or persons;
- A trust, institution, charity, or corporation; or
- Your estate. Upon your death, a court-ordered surrogate certificate will be required.

If you choose a distribution of benefits other than the standard share and share alike, e.g., specific percentages, or if you are designating a minor or acting as power of attorney for the retired member, please refer to the *Beneficiary Designation* Fact Sheet before completing this form. You may obtain this fact sheet by visiting our website at: www.nj.gov/treasury/pensions

Do use full, proper names. When naming a married female as beneficiary, be certain the proper name is given, e.g., Mary J. Jones, not Mrs. John R. Jones. You must list each individual using his or her specific name; such phrases as "my children," "my living grandchild," or "my children's issue" will not be accepted.

Do use full Social Security numbers, dates of birth, and mailing addresses for your beneficiaries. Incomplete forms will not be accepted.

Do not send a photocopy or fax this form. Our office requires original *Retired Member Designation of Beneficiary* forms.

Do not use white out or cross out names to make changes in designation. This makes the form unacceptable and a new form will be mailed to you for your completion.

Do not use a *Retired Member Designation of Beneficiary* form to update a beneficiary's address. Instead, send us a signed letter notifying us of your beneficiary's address change. Your letter will be added to your file so your beneficiary information remains current.