

# Beneficiary Designation

Check one:  PERS  SERS  TRS  PSERS  LEOFF  WSPRS  JRS

**Instructions:** Please type or print in dark ink and return completed form to DRS. Use this form to designate or change your beneficiary(ies) with the retirement system indicated above. The designated beneficiary(ies) will receive any monies due at the time of your death. If you have money in more than one retirement system, you must complete a separate form for each system.

**If you are a survivor of a retiree, please list the retiree's name and Social Security number.**

Retiree's Last name	First name	Middle name	Retiree's Social Security number
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## Section One: Member/Retiree/Survivor Information

Last name	First name	Middle name	Social Security number
Mailing address		City	State Zip
Telephone number (daytime)	Telephone number (evening)	Are you retired with DRS? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Section Two: Beneficiary Designation – You must designate at least one primary beneficiary.

Your designated primary and contingent beneficiary(ies) may be a person(s), estate, trust, or organization. If a trust is named, the legal documentation must be submitted with this form. For each beneficiary, check whether you wish to make that person or entity a primary or contingent beneficiary. When naming a person, always show given names. For example: MARY K. DOE (not Mrs. Robert Doe).

You may designate more than one beneficiary. If you do, the funds will be divided equally among all named beneficiaries unless otherwise specified or required by law. Your primary beneficiary(ies) will receive any monies in your account at the time of your death. If your primary beneficiary(ies) is(are) unable to accept the distribution, your contingent beneficiary(ies) will receive the distribution.

Designation	Full name of persons or estate (trusts below)	Relationship	Address
Primary <input checked="" type="checkbox"/>			Street
	Social Security #: _____ Date of Birth: _____		City _____ State _____ Zip _____
Primary Contingent <input type="checkbox"/> <input type="checkbox"/> <b>Must check one</b>			Street
	Social Security #: _____ Date of Birth: _____		City _____ State _____ Zip _____
Primary Contingent <input type="checkbox"/> <input type="checkbox"/> <b>Must check one</b>			Street
	Social Security #: _____ Date of Birth: _____		City _____ State _____ Zip _____
Designation	Trust or organization (attach documentation)	Trustee or Administrator	Address
Primary Contingent <input type="checkbox"/> <input type="checkbox"/> <b>Must check one</b>			Street
	Tax ID #: _____		City _____ State _____ Zip _____

**Important:** Your beneficiary designation may be limited by your specific retirement plan, see your plan handbook for details. Your designation will be invalidated by marriage, divorce, or reestablishment of membership following withdrawal or retirement. Make a copy of your beneficiary designation and review it periodically to ensure that it is still valid.

### Section Three: Beneficiary Designation for \$150,000 Death Benefit

If your death occurs as a result of injuries sustained during the course of employment or an occupational disease or infection that arose naturally and proximately out of employment, a \$150,000 death benefit is available. Eligibility for this benefit is determined by the Department of Labor and Industries. You may designate the same beneficiary(ies) listed in Section Two by checking the box by the statement below - **OR** - you may designate a new beneficiary by completing the requested information. If you designate more than one beneficiary for the \$150,000 benefit, it will be divided equally among the named beneficiaries unless otherwise specified or required by law. If there is no designated beneficiary still living at the time of your death, the death benefit will be paid to your surviving spouse. If there is no surviving spouse, the benefit will be paid to your legal representative.

**Note:** JRS members and survivors of all retirement systems are NOT eligible for this benefit and should NOT complete Section Three.

I designate the beneficiary(ies) named in Section Two to be the same beneficiary(ies) eligible for the \$150,000 death benefit.

OR

Designation	Full name of persons or estate (trusts below)	Relationship	Address		
Primary <input type="checkbox"/> Contingent <input type="checkbox"/>			Street		
<b>Must check one</b>	Social Security #:	Date of Birth:	City	State	Zip
		- -			
Designation	Trust or organization (attach documentation)	Trustee or Administrator	Address		
Primary <input type="checkbox"/> Contingent <input type="checkbox"/>			Street		
<b>Must check one</b>	Tax ID #:		City	State	Zip

**Section Four: Signature – MUST complete in full.** If the signature can only be made by mark, it must be witnessed by two persons who sign the form. The two witnesses must sign in the witness section and initial in the certification section if marked with an "X."

I, \_\_\_\_\_, hereby direct that any monies related to my account, unless otherwise specified or  
(print name in dark ink)

required by law, will be paid in equal shares to any primary beneficiaries named on this form who survive me, but if none survive, such monies will be paid in equal shares to any contingent beneficiaries named on this form who survive me. I hereby certify that I have read and understand the instructions to this form and that all of the information I have entered on this form is true and complete. Submission of this document revokes any prior designations that I have made.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Section Five: Witness – MUST be completed by a person, other than a beneficiary, who witnesses the member's signature.** To protect members from fraudulent claims, it is required that another person witness the member's signature on this document and complete and sign this section. A beneficiary cannot sign as a witness.

I, \_\_\_\_\_, am witness that the above named member completed and signed this document.  
(print witness name - cannot be beneficiary - in dark ink)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

This form requests that you provide your Social Security number. Internal Revenue Code Sections 6041 (A), and 6109 authorize the Department of Retirement Systems (DRS) to solicit your Social Security number.

- The disclosure of your Social Security number to DRS is mandatory.
- DRS will use your Social Security number to ensure that any amounts disbursed under your account are properly reported to the Internal Revenue Service and as a reference number for tracking all data with regard to your retirement account.
- DRS will not disclose your Social Security number to any party unless required by law.