



IAP Pre-Retirement Designation of Beneficiary: Single Applicant

This form is strictly for the IAP. Call PERS or visit our website if this is not the form you need.

Section A: Applicant information (Type or print clearly in dark ink. Illegible forms may be returned to you. This could delay your request.)

| | | | |
|------------------------------------|-------|-----------|-------------------------|
| First name | MI | Last name | Social Security number* |
| Mailing address (street or PO box) | | | PERS number (optional) |
| City | State | Zip | Country |
| | | | Phone number |

Section B: Beneficiary option

Choose one (Please read the beneficiary option instructions included with this form in Section B on page 3.)

I would like to use the

- Statutory designation** (Go to Section F.)
- Specific beneficiary designation** (Fill out Section C.)
- Estate designation** (Fill out Section D.)
- Trust designation** (Fill out Section E.)

Section C: Specific beneficiary designation (Do not fill this out if you chose the statutory beneficiary designation.)

| Specific beneficiary | Date of birth (optional)* | Relationship (optional)* | Percentage |
|---|---------------------------|--------------------------|--|
| #1 Primary beneficiary name (if living, otherwise to alternate) | (mm/dd/yyyy) | | <input type="checkbox"/> _____ % |
| #1 Alternate beneficiary name (if primary beneficiary is deceased) | (mm/dd/yyyy) | | Alternate's percentage will be the same as primary beneficiary #1. |
| #2 Primary beneficiary name (if living, otherwise to alternate) | (mm/dd/yyyy) | | <input type="checkbox"/> _____ % |
| #2 Alternate beneficiary name (if primary beneficiary is deceased) | (mm/dd/yyyy) | | Alternate's percentage will be the same as primary beneficiary #2. |
| #3 Primary beneficiary name (if living, otherwise to alternate) | (mm/dd/yyyy) | | <input type="checkbox"/> _____ % |
| #3 Alternate beneficiary name (if primary beneficiary is deceased) | (mm/dd/yyyy) | | Alternate's percentage will be the same as primary beneficiary #3. |

- If any of the primary beneficiaries named above predecease me and I have not named an alternate beneficiary, I want the portion of my benefit that was designated to that beneficiary to be shared equally among the remaining primary beneficiaries living at the time of my death.

*This information helps PERS locate the people you designate. If you specifically designate a charity or organization, please provide the address underneath the name of the charity or organization.

Name: _____ SSN/PERS number: _____

Section D: Estate designation

I designate my estate as my beneficiary.

Name of personal representative: _____

Address of personal representative: _____
City/PO box State Zip

Section E: Trust designation

I designate a trust as my beneficiary.

Legal name of trust (e.g., The Sara Smith Living Trust) _____

Address of trustee: _____
City/PO box State Zip

Date trust established: _____

Section F: Applicant statement (required)

I hereby revoke any and all previous beneficiary designations for my IAP account.

 _____ Date _____
Applicant signature (do not print)

Print signature

| Office use only | |
|---|--|
| <input type="checkbox"/> PERS | <input type="checkbox"/> OPSRP <input checked="" type="checkbox"/> IAP |
| <input type="checkbox"/> Member | <input type="checkbox"/> Alternate payee |
| <input type="checkbox"/> Cross reference member SSN | |
| | |
| | |
| | |
| | |

*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 may request help by phoning 503-598-7377, toll free 888-320-7377, or TTY 503-603-7766.