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## DESIGNATION OF BENEFICIARY PRE-RETIREMENT DEATH BENEFITS

Please see *Instructions* for important information regarding your designation.

<b>EMPLOYEE</b>											
Social Security Number:	<input style="width: 95%;" type="text"/>	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"><input style="width: 95%;" type="text"/></td> <td style="width: 20px; height: 20px;"><input style="width: 95%;" type="text"/></td> <td style="width: 20px; height: 20px;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="font-size: 8px;">Month</td> <td style="font-size: 8px;">Day</td> <td style="font-size: 8px;">Year</td> </tr> </table>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	Month	Day	Year		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>									
Month	Day	Year									
Home E-mail Address:	<input style="width: 98%;" type="text"/>										
Name:	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 30%;"><input style="width: 95%;" type="text"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text"/></td> <td style="width: 50%;"><input style="width: 95%;" type="text"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="font-size: 8px;">First</td> <td style="font-size: 8px;">Middle</td> <td style="font-size: 8px;">Last</td> <td style="font-size: 8px;">Suffix</td> </tr> </table>			<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	First	Middle	Last	Suffix
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>								
First	Middle	Last	Suffix								
Mailing Address:	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 45%;"><input style="width: 95%;" type="text"/></td> <td style="width: 25%;"><input style="width: 95%;" type="text"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text"/></td> <td style="width: 20%;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="font-size: 8px;">Street or Box Number</td> <td style="font-size: 8px;">City/Town</td> <td style="font-size: 8px;">State</td> <td style="font-size: 8px;">ZIP Code</td> </tr> </table>			<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	Street or Box Number	City/Town	State	ZIP Code
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>								
Street or Box Number	City/Town	State	ZIP Code								

DESIGNATION OF BENEFICIARY - PRIMARY			
Name(s) of Primary Beneficiary(ies):	Social Security Number (required):	Date of Birth (required):	Relationship (required):

DESIGNATION OF BENEFICIARY - CONTINGENT			
Name(s) of Contingent Beneficiary(ies):	Social Security Number (required):	Date of Birth (required):	Relationship (required):

**Note: Contingent beneficiaries will be paid only if primary beneficiaries pre-decease you.**

I, the undersigned member of the Maine Public Employees Retirement System, acknowledge that I have read the information for Pre-Retirement Death Benefits, (Form #CL-0722-A), which explains pre-retirement death benefits, and hereby designate the above as my beneficiary(ies).

\_\_\_\_\_  
 EMPLOYEE SIGNATURE

\_\_\_\_\_  
 DATE

PLEASE RETAIN A COPY FOR YOUR RECORDS.