PERS recommends that you download the latest version of <u>Adobe Reader (Version 9.4)</u> to view and print the application.

Step-by-step instructions for each section of the application will appear on the black pages when you click on a section header or highlighted information within a section.

These step-by-step instructions are also provided at the end of the application if you would like to print them.

DIRECTIONS TO AVOID PRINTING THE BLACK PAGES

If you are not using <u>Adobe Reader 9.4</u>, you could have difficulties when printing your application.

Adobe Reader 9.4 printing instructions

Select the "Print Form" button on the last page of the application.

The print menu will appear. Make sure "Pages" is checked under "Print Range" and a page range of 4, 6 is in the window. "Subset" (directly under "Pages") should show "All pages in range."

Click "OK" to print your application. The black pages and instruction pages will NOT print.

To print a hard copy of the application instruction pages you will need to return to the print menu and change the print range to show page 7. Do not change the subset.

Click "OK."

Adobe Reader 4, 5, 6, 7, or 8 printing instructions

Select the "Print Form" button on the last page of the application.

The print menu will appear. Select "Pages," under "Print Range" and enter print page 4 to 6. Go to "Subset" (directly under "Pages") and change the drop down to "Even pages only."

Click "OK" to print your application. The black pages will NOT print.

To print a hard copy of the application instruction pages you will need to return to the print menu and change the print range to show page 7. Change the "Subset" to "All pages in range."

Click "OK."

If you choose "Print" without following the directions above, the entire application will print including the black instruction pages.



PERS Tier One or Tier Two Pre-Retirement Beneficiary Designation

Things to consider

You can choose either the standard designation of beneficiary or you can designate one or more specific beneficiaries.

Standard beneficiary designation

The standard designation directs PERS to pay benefits in the order listed below:

- 1) To your spouse if you are legally married at the time of your death. If you are not, then to
- 2) your child* or children in equal shares. If any of your children are deceased, their portion is equally divided between their children who are alive at your death. If all of your children predecease you, their equal shares will be paid to their children. If there is no one in this group, then
- 3) to your mother and father in equal shares. If one of them predecease you, his/her share is paid to the other parent. If both parents predecease you, then
- 4) to your brothers and sisters in equal shares. If any one of them predecease you, their share will be paid to that sibling's children equally. If all of your brothers and sisters predecease you, all of their children will share equally. If there is no one in this group, then
- 5) payment will be made to your estate.

*Natural born and adopted children are considered "children" even if you selected the standard designation before or after their adoption or birth. If your natural born children are adopted by someone else, they are not considered your "children" under the standard designation. If you wish to name the adopted-out child as your beneficiary, use the specific designation part of this form.

Specific or estate, charity, or trust beneficiary designation

Naming a specific beneficiary

- 1) You can name one or more primary beneficiaries. If you designate only one primary beneficiary, he/she will receive 100 percent of your death benefits.
- 2) If you designate multiple beneficiaries, you can decide what portion of your death benefit will go to each beneficiary.
 - If you assign percentages to each primary beneficiary, the total percentages must equal 100 percent.
 - If you do not assign a percentage to each primary beneficiary named, each will share equally.
 - You can name one or more alternate beneficiaries for each of your primary beneficiaries. The alternates will receive the primary beneficiary's share if the primary beneficiary predeceases you. (Note: The percentage you designate for the alternates must equal the percentage you assigned to the primary beneficiary. (i.e., If you designate 50 percent to primary beneficiary #1 and have two alternates for that beneficiary, the percentages for the two alternates must total 50 percent.)
- **3)** If you do not list any alternate beneficiaries, check the box below the specific beneficiary box to indicate that you want the portion designated to that beneficiary to be shared equally among the remaining primary beneficiaries living at the time of your death.

If you have more than two primary beneficiaries or more than two alternate beneficiaries for any of your primary beneficiaries, please provide them on an attached sheet of paper labeled "Additional beneficiary information." Include your full name and PERS number on the attachment.

4) You can designate a charitable organization, your estate, or a trust as your beneficiary.

Naming an estate, charity, or trust

You can designate an estate, charity, or trust by checking the appropriate box and providing the name and address of that entity. You may also assign percentages between a specific beneficiary(ies) and/or a charity in Section C and Section D. The total percentages must equal 100 percent. Estate and trust designations must be a 100 percent designation.

Important: If you have a complex beneficiary situation, you might want to consult an estate planning attorney.



11410 SW 68th Parkway, Tigard OR 97223 Mailing Address – PO Box 23700, Tigard OR 97281-3700 Phone – 503-598-7377 toll free - 888-320-7377 Fax - 503-598-0561 website – http://oregon.gov/pers



PERS Tier One or Tier Two Pre-Retirement Beneficiary Designation

This form is strictly for Tier One and Tier Two members. A separate designation form is required for the Individual Account Program (IAP).

Section A: Member 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		PERS number (optional)
Mailing address (street or PO box)				Social Security number*
City St.	ate	Zip	Country	Date of birth (mm-dd-yyyy)

Section B: Beneficiary designation (Refer to instructions for explanation of beneficiary options)

□ I would like to use the **standard designation**.

□ I would like to use a specific beneficiary. If you choose this option, select from the list below.

□ I want to designate a **specific person or persons** as my beneficiary(ies).

- □ I want to designate a **person or persons and a charity** as my beneficiaries. (Fill out Section C and Section D.) Percentages must equal 100 percent.
- □ I want to designate a **charity** as my beneficiary. (Fill out Section D.)
- I want to designate my **estate** as my beneficiary. (Fill out Section E.) Estates must receive 100 percent of the designation.

□ I want to designate a **trust** as my beneficiary (Fill out Section F.) Trusts must receive 100 percent of the designation.

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

Specific beneficiary	Date of birth (optional)	Relationship (optional)**	Percentage	
#1 Primary beneficiary name (if living; otherwise, to #1 alternate)	(mm/dd/yyyy)		NOTE The total of the per-	%
#1a Alternate beneficiary name (if primary beneficiary is deceased)	(mm/dd/yyyy)		centages you enter for #1 alternate beneficia- ries must equal the percentage you entered for #1 primary beneficiary.	%
#1b Alternate beneficiary name (if primary beneficiary is deceased)	(mm/dd/yyyy)			%
#2 Primary beneficiary name (if living; otherwise, to # 2 alternate)	(mm/dd/yyyy)		NOTE The total of the per-	%
#2a Alternate beneficiary name (if primary beneficiary is deceased)	(mm/dd/yyyy)		centages you enter for #2 alternate beneficia- ries must equal the percentage you entered for	%
#2b Alternate beneficiary name (if primary beneficiary is deceased)	(mm/dd/yyyy)		#2 primary beneficiary.	
				%

□ If any of the above named primary beneficiaries 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 my death.

If you have additional primary beneficiaries or alternate beneficiaries for your primary beneficiaries, please provide them on an attached sheet of paper labeled "Additional beneficiary information." Include your full name and PERS number on the attachment.

Section D: Charity designation
□ I designate the following charity as my beneficiary.
Indicate percentage amount to be designated%
Name:
Address:
□ I designate the following charity as my beneficiary.
Indicate percentage amount to be designated%
Name:
Address:
Section E: Estate designation
□ I designate my estate as my beneficiary.
Name of personal representative:
Address:
Section F: Trust designation
□ I designate a trust as my beneficiary.
Legal name of trust (e.g., The Sara Smith Living Trust)
Address:

Date trust established:_____

Section G - Applicant signature (required)

I revoke all previous PERS Chapter 238 (Tier One/Tier Two) Program beneficiary designations.

N	
	Applicant signature (do not print)

Date

	Office use only			
 Member Alternate payee 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 may take PERS staff longer to process your form.

**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.

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling **503-598-7377**, **toll free 888-320-7377**, or **TTY 503-603-7766**.

General instructions

- Type or print clearly in dark ink. Illegible forms may be returned, which could delay your request.
- Do not change anything on the form; alterations will void the form.
- Sign and date the statement at the bottom of the form, and mail or fax the form to PERS.

Section A: Member information

Fill in the personal information block completely.

Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form.

If you do not know your PERS number, leave it blank.

Section B: Beneficiary designation

Check EITHER a standard beneficiary designation OR a specific beneficiary designation.

Section C: Specific beneficiary designation (do not fill this out if you chose box B1).

We have provided an example of Section C below to help you correctly fill out this portion of your application.

Complete this section if you are naming specific beneficiaries. Include the beneficiary's name, his/her relationship to you (optional*), his/her date of birth (optional*), and the percentage you would like to go to him/her. You can also name an alternate beneficiary to whom your benefit would be paid in the event the beneficiary predeceases you.

Specific beneficiary	Date of birth (optional)*	Relationship (optional)*	Per	centage
#1 Primary beneficiary name (if living; otherwise, to # 1 alter- nate) Mary Ann Jenkins	(mm/dd/yyyy) 06/01/1957	Sister	NOTE The total of the per- centages you enter for	50%
#1a Alternate beneficiary name (if primary beneficiary is deceased) Susie Jenkins	(mm/dd/yyyy) 04/04/1987	Niece	#1 alternate beneficia- ries must equal the percentage you entered for	25%
#1b Alternate beneficiary name (if primary beneficiary is deceased) <i>Jordan Jenkins</i>	(mm/dd/yyyy) 12/22/1990	Nephew	#1 primary beneficiary.	25 %
#2 Primary beneficiary name (if living; otherwise, to # 2 alternate) <i>Arnold McMillan</i>	(mm/dd/yyyy) 06/01/1960	Brother	NOTE The total of the per-	50%
#2a Alternate beneficiary name (if primary beneficiary is deceased) Anna Marie McMillan	(mm/dd/yyyy) 05/12/1993	Niece	centages you enter for #2 alternate beneficia- ries must equal the percentage you	30%
#2b Alternate beneficiary name (if primary beneficiary is deceased) <i>Lora McMillan</i>	(mm/dd/yyyy) 05/12/1985	Step-niece	entered for #2 primary beneficiary.	20%

Example (sample of information a member would enter is in bold italics):

*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.

Section D: Charity designation

Check the box to indicate that you want to designate a charity as your beneficiary. Enter the name and address for the charity in the space provided.

Section E: Estate designation

Check the box to indicate that you want to designate your estate as the beneficiary. Enter the name of the personal representative and the address in the space provided.

Section F: Trust designation

Check the box to indicate that you want to designate your trust as the beneficiary. Enter the legal name of the trust, the address, and the date the trust was established in the space provided.

Section G - Applicant signature (required)

Your signature is required. Be sure to sign and date in the space provided.