



P.O. Box 268
 Jefferson City, MO 65102-0268
 (573) 634-5290 or Toll Free (800) 392-6848
 Email: member_services@peersmo.org
 Web site: www.psr-s-peers.org

Nomination of Beneficiary

This form must be properly completed and on file in the retirement office in order for the designation of beneficiary to be effective. It establishes your beneficiary(ies) prior to retirement and after retirement only if you chose the Option 1-Single Life payment plan. The Retirement System will acknowledge receipt of this form. Please refer to page 2 prior to completion.

Employing School District (if applicable) _____

Please read "Protecting Those You Care About" before completing.

I hereby request and authorize the Board of Trustees to pay any benefits due at my death to the primary beneficiary named below. Payments to the first or second contingent beneficiary would only be made if the preceding beneficiary were deceased. I reserve the right to change my beneficiary by filing a new Nomination of Beneficiary form with the PEERS office and Board of Trustees.

Primary:

Name	Date of Birth	Relationship	Social Security Number
Mailing Address	City	State	ZIP

First Contingent:

Name	Date of Birth	Relationship	Social Security Number
Mailing Address	City	State	ZIP

Second Contingent:

Name	Date of Birth	Relationship	Social Security Number
Mailing Address	City	State	ZIP

This designation supersedes and renders void all previous designations made by me.

This form will be returned if this section has not been completed.

Member:

I certify that I have reviewed the brochure, "Protecting Those You Care About," and I understand that: 1.) Upon a change in life status (i.e. marriage, divorce, birth or adoption of a child) this beneficiary designation on file with the retirement office is automatically revoked in its entirety, **and** 2.) I must complete a new designation. If I do not complete a new beneficiary designation, any benefit due at my death will be paid in accordance with 169.676 RSMo effective August 28, 2005.

Signature	Social Security Number	Date
Mailing Address (check here _____ if a change of address)	City	State ZIP
(_____) Telephone		

Please keep a copy of this form. Return the completed form to: The Public Education Employee Retirement System • P.O. Box 268 • Jefferson City, MO 65102 • Fax: (573) 634-7934

Dear PEERS Member:

The *Nomination of Beneficiary* form is for your use in updating your beneficiary designation on your retirement account. Being proactive in filing changes to your beneficiary designation and providing complete information will help ensure that any benefit payable by reason of your death will be distributed in accordance with your wishes.

There are several critical points to keep in mind with respect to your beneficiaries, such as:

- Pre-retirement benefits payable to your beneficiaries
- The possible effect of naming Joint (multiple) beneficiaries on survivor benefit eligibility
- Statutory Succession of Beneficiaries, relative to changes in **your** life status; i.e. marriage, divorce, birth or adoption of a child

The brochure, “*Protecting Those You Care About*,” offers information, which we hope will assist you in making an informed decision with regard to your beneficiaries. For a full description of death benefits provided by PEERS, you should refer to the *Member Handbook*.

Please refer to the above-mentioned brochure before completing this form. You may name as beneficiary:

1. An individual,
2. A legal entity (church, school, or organization),
3. Your estate, or
4. A trust, if one has been legally established.

Please include the complete name, address, birth date, Social Security Number and relationship of each beneficiary. If you list a married woman as beneficiary, please include her maiden name.*

After completion, the form must be returned to PEERS. Your *Nomination of Beneficiary* will be acknowledged after processing has been completed.

If you have questions or concerns about designating beneficiaries, please contact PEERS for assistance by calling toll free, **(800) 392-6848** or email **member_services@peersmo.org**.

*If the space provided is not sufficient for your desired designations, you may include a dated attachment, which bears your original signature.