



# TERMINATED VESTED PARTICIPANT Gwinnett Retirement System Pension Designation of Beneficiary

## Participant Information

Please Print

_____		_____		
Employee ID Number		Social Security Number		
_____		_____		_____
Last Name	First Name	Middle/Maiden Name		
_____		_____	_____	_____
Street	Apartment # or PO Box	City	State	Zip
_____		_____		
Phone Number	Date of Birth			

**Marital Status**     Single     Married

If you checked Single marital status, you must complete the Primary Beneficiary (ies) Designation section on page 2 of this form. If an unmarried Terminated Vested participant passes away, there is no beneficiary benefit due unless the Participant has reached Required Minimum Distribution age.

## Spousal Information

Please Print

_____		_____		_____
Last Name (Spouse)	First Name (Spouse)	Middle / Maiden Name		
_____		_____	_____	
Social Security Number	Date of Birth	Date of Marriage		

### Pre-Retirement Death Benefits:

*Gwinnett Retirement System (GRS) is a Social Security replacement plan funded exclusively by the Gwinnett County Board of Education. If a married Terminated Vested participant, whose termination date is prior to 7/1/2004, passes away, there is no beneficiary benefit due. If a married Terminated Vested participant, whose termination date is after 7/1/2004, passes away, the Surviving Spouse's monthly benefit shall be the Actuarial Equivalent of 50% of the Participant's Accrued Retirement Benefit as of the time of the Participant's death. "Surviving Spouse" is defined as the person to whom the Participant is legally married, as determined under federal law, and who has been such deceased Participant's "spouse" continuously for the one-year period immediately prior to the date of the Participant's death.*

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Date Processed _____	<b>For office use only</b>
Processed by _____	GRS012024

**Participant Information**

*Please Print*

\_\_\_\_\_  
Employee ID Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle / Maiden Name

**Primary Beneficiary (ies) Designation**  
**\*Proceeds will not be paid to beneficiary (ies) under 18 years of age\***

*Please Print*

**P1.**

\_\_\_\_\_  
Name of beneficiary

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Relationship to me

\_\_\_\_\_  
Street

\_\_\_\_\_  
Apartment Number or PO Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
%

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Percentage of benefit to be paid

**P2.**

\_\_\_\_\_  
Name of beneficiary

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Relationship to me

\_\_\_\_\_  
Street

\_\_\_\_\_  
Apartment Number or PO Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
%

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Percentage of benefit to be paid

**P3.**

\_\_\_\_\_  
Name of beneficiary

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Relationship to me

\_\_\_\_\_  
Street

\_\_\_\_\_  
Apartment Number or PO Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
%

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Percentage of benefit to be paid

**P4.**

\_\_\_\_\_  
Name of beneficiary

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Relationship to me

\_\_\_\_\_  
Street

\_\_\_\_\_  
Apartment Number or PO Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
%

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Percentage of benefit to be paid

**Unmarried Participants:**

This section allows unmarried participants, whose termination date is after 7/1/2004, to elect beneficiary designations, as well as the percentage allocated to each, to be paid in the event Required Minimum Distribution age has been reached by the Terminated Vested participant as of the date of death. This form will revoke any prior beneficiary information on file at Gwinnett Retirement System. You may name your Estate or Trust as your beneficiary. If your Estate or Trust is your designated beneficiary, the GRS Plan Administrative Committee may authorize a lump sum payment of the Actuarial Equivalent amount of your retirement benefit to be made to it. Your Executor (trix) or Trustee should not be named as your beneficiary. The name and address of your Executor (trix) or Trustee should be listed on a separate, attached page. If electing more than one beneficiary, make sure you indicate the total percentage of available benefits to be paid to each. The total for beneficiaries must equal 100%. If no percentage distribution is indicated, your available benefit will be divided equally among the eligible beneficiaries. If you wish to name more beneficiaries than space allowed on the form, you may attach a separate piece of 8.5"x11" paper on which you may list additional beneficiaries. Each must be clearly named, numbered and allotted a percentage of benefits to be paid. If no designated beneficiary named on this form survives me, I hereby direct and authorize Gwinnett Retirement System to pay to my Estate the Actuarial Equivalent of any benefit due under the Plan.

You must sign and date all additional pages, along with the original form. I authorize Gwinnett Retirement System to pay, in the event of my death, all eligible benefits. I reserve the right to change beneficiary (ies) designations any time before my retirement takes effect.

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_