



Change of Beneficiary Form - GJRS Active Members

GENERAL INSTRUCTIONS

A. Print or type clearly. B. Please read the instructions on page 2 before completing this form. C. Changes are not valid until received by ERSGA.

SECTION 1 - MEMBER INFORMATION

Name: _____ SSN: - -

(Last) (First) (MI) (Maiden)

Mailing Address: _____

(Street) (City) (State) (Zip Code)

Date of Birth: ____/____/____ email : _____ Daytime Phone No: (____) _____

(mm) (dd) (yyyy)

SECTIONS 2 & 3 INSTRUCTIONS

A. Primary Beneficiary - If you choose multiple beneficiaries, please list all of them as "Primary Beneficiaries" on a separate piece of paper, sign it and attach it to this form.

B. Secondary Beneficiary - Used only if your primary beneficiary is deceased.

SECTION 2 - RETIREMENT BENEFICIARIES

A. PRIMARY

Name: _____

(Last) (First) (MI) (Maiden)

Mailing Address: _____

(Street) (City) (State) (Zip Code)

Date of Birth: ____/____/____ Relationship To You: _____ Daytime Phone No: (____) _____

(mm) (dd) (yyyy)

B. SECONDARY

Name: _____

(Last) (First) (MI) (Maiden)

Mailing Address: _____

(Street) (City) (State) (Zip Code)

Date of Birth: ____/____/____ Relationship To You: _____ Daytime Phone No: (____) _____

(mm) (dd) (yyyy)

SECTION 3 - GROUP TERM LIFE INSURANCE BENEFICIARIES

A. PRIMARY

Name: _____

(Last) (First) (MI) (Maiden)

Mailing Address: _____

(Street) (City) (State) (Zip Code)

Date of Birth: ____/____/____ Relationship To You: _____ Daytime Phone No: (____) _____

(mm) (dd) (yyyy)

B. SECONDARY

Name: _____

(Last) (First) (MI) (Maiden)

Mailing Address: _____

(Street) (City) (State) (Zip Code)

Date of Birth: ____/____/____ Relationship To You: _____ Daytime Phone No: (____) _____

(mm) (dd) (yyyy)

SECTION 4 - SIGNATURE & ACKNOWLEDGEMENT

I designate the above for any benefits due after my death. I have read and understand the instructions on page two of this form.

Signature _____ **Date** _____

MEMBER CHANGE OF BENEFICIARY FORM

Instructions

Complete and return to ERSGA. Incomplete forms are not valid and will be returned.

- On this form, you are naming beneficiaries *for two different benefits: GJRS retirement and GJRS Group Term Life Insurance*. You may name the same beneficiaries for both or you may name different beneficiaries.
- If you wish to name multiple beneficiaries, please write "see attached," write the names and other information requested on a separate piece of paper, and attach it to this form. Primary and secondary beneficiaries do not share benefits. If you attach a sheet, you must sign and date the list and include your SSN in the upper right hand corner.
- Primary and secondary beneficiaries may be changed at any time prior to retirement, but this change is not effective until it is received in this office.
- A secondary beneficiary will receive a benefit **only** if the primary beneficiary(ies) predeceases you.
- Remember that a will does not take precedence over this designation.
- "Estate" is only appropriate as a designation if no **monthly** allowance is left to a beneficiary. A **monthly** allowance cannot be paid to an estate.

Sections 1 and 4: Personal Information and Signature

List all personal information in Section 1.

Section 4 must have your signature and must be dated.

Section 2: Retirement Beneficiary Information

Primary Beneficiaries: The primary beneficiary(ies) will receive a monthly benefit only if one of these two conditions apply:

- Your membership began prior to July 1, 2012, you elected Spousal Coverage, and you have made Spousal Contributions for at least 10 years prior to death while an active member; **OR**
- Your membership began on or after July 1, 2012 and you have 10 or more years of Vesting Service at your death while an active member.

If none of these conditions are met, your beneficiary will receive a refund of your contributions and interest.

Secondary Beneficiaries: Your secondary beneficiary(ies) will receive the benefit **only** if the primary Beneficiary(ies) predeceases you.

Section 3: GJRS Group Term Life Insurance Beneficiary Information

Members who joined the GJRS on or after July 1, 2009 do not have the Group Term Life Insurance (GTLI) coverage and should write "not covered" in this section or leave it blank.

If you joined the GJRS prior to July 1, 2009 and after July 1, 2002 OR joined prior to July 1, 2002 and elected GLTI coverage, the GTLI is payable only to your listed beneficiary(ies). GTLI is not assignable. You may designate percentages to multiple beneficiaries, but the total percentage must equal 100%. If you do not specify percentages, the beneficiaries will be paid in equal amounts.