



**Section 3 - Retirement Beneficiaries**

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**A. PRIMARY**

Name: \_\_\_\_\_  
(Last) (First) (MI) (Maiden)

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship to You: \_\_\_\_\_  
(mm/dd/yyyy)

Daytime Phone Number: ( ) \_\_\_\_\_

**B. SECONDARY**

Name: \_\_\_\_\_  
(Last) (First) (MI) (Maiden)

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship to You: \_\_\_\_\_  
(mm/dd/yyyy)

Daytime Phone Number: ( ) \_\_\_\_\_

**Section 4 - Signature & Acknowledgement**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Legislative District: \_\_\_\_\_

Return this signed form to the Employees' Retirement System of Georgia **by December 31, 2012**. Mail to:

Employees' Retirement System of Georgia  
Two Northside 75, Suite 300  
Atlanta, GA 30318

# Legislative Retirement System Election/Declination of Membership Instructions

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

- On this form, you are choosing to elect or decline LRS membership.
- On this form you are designating beneficiaries for benefits upon your death.
- If you wish to name more than two 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.

## **Sections 2: Election/Declination of LRS Membership**

Read Election/Declination terms and choose to either elect or decline membership in LRS.

## **Section 3: Retirement Beneficiary Information**

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

You are age 65 years or older with at least 8 years of **creditable** service.

You are age 60 or older with at least 8 years of **membership** service.

If neither 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 predeceases you.