

JRS Retiree Change of Beneficiary Form

Instructions

This form is for **JRS Retirees** to update beneficiaries for their Monthly Retirement Benefit.

- Active or Inactive JRS Member: Use the JRS Member Change of Beneficiary Form or change your beneficiary online at ers.ga.gov.
- Covered for ERSGA Group Term Life Insurance (GTLI): Use the GTLI Change of Beneficiary Form or change your beneficiary online at ers.ga.gov.
- If you are a Member or Retiree of one of the below retirement systems, change your beneficiary online or use the form appropriate for that system:
 - Employees' Retirement System (ERS)
 - Public School Employees Retirement System (PSERS)
 - Legislative Retirement System (LRS)
 - Georgia Defined Contribution Plan (GDCP)

Complete, sign, and mail or upload this **original form** to ERSGA along with a copy of a **valid photo identification** and any other required documentation. Do not email or fax. Valid photo identification is one of:

- Valid Georgia Driver's License
- Valid U.S. passport ID, U.S. military photo ID, or tribal photo ID
- Any valid state or federal government-issued photo ID, including a free ID Card issued by your county registrar's office or the Georgia Department of Driver Services (DDS)

Changes are not valid until received by ERSGA. A Will does not take precedence over this designation.

Sections 1 and 3: Your Information and Signature

Section 1: Complete all information. If your address changes in the future, notify ERSGA.

Section 3: Original (Handwritten) Signature and date to acknowledge:

- Understanding of conditions below and authorization to change beneficiary designation.
- You have attached a clear, legible copy of a valid photo ID.

Section 2: Retirement Benefit Beneficiary Information

- Primary and secondary beneficiaries do not share benefits. Benefits will only be paid to a secondary beneficiary if all primary beneficiaries pre-decease you or have disclaimed their benefit.
- If you wish to name multiple beneficiaries, please write "see attached" on this form. On a separate sheet of paper, write the names, percentage of benefit to each beneficiary (must total 100%), and other requested information. You must sign and date the separate sheet, include your Social Security Number (SSN) in the upper right hand corner, and attach to this form.
- "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.

This section applies only for retirees whose Membership Start Date was prior to July 1, 2012.

Spousal Coverage (if you paid for Spousal Coverage while Active):

- You may change your beneficiaries at any time, even after retirement.
- A person other than the spouse may be designated as the beneficiary, with the benefit equal to a normal spousal benefit that is actuarially reduced based on the beneficiary's life expectancy.
- If you name more than one primary beneficiary, any benefits due at your death will be distributed equally to each of your surviving primary beneficiaries.
- Your secondary beneficiaries will not receive any benefits unless all primary beneficiaries pre-decease you or disclaim their benefit at your death.
- DO NOT choose your Estate as the primary beneficiary! A Monthly Benefit can only be paid to a living person.

No Spousal Coverage (if you declined Spousal Coverage while Active):

- You may change beneficiaries at any time.
- You can name multiple primary and/or secondary beneficiaries.
- If you choose your Estate as the primary beneficiary, you do not need a secondary beneficiary.

This section applies only for retirees whose Membership Start Date was on or after July 1, 2012.

Maximum Plan:

- Beneficiaries may be changed at any time.
- You can name multiple primary and/or secondary beneficiaries.
- If you choose your Estate as the primary beneficiary, you do not need a secondary beneficiary.

Options 1, 2, and 3:

- These options provide a reduced monthly benefit for your lifetime.
- If your primary beneficiary named at retirement predeceases you, there is no change to your monthly allowance and monthly benefits will cease after your death.
- If multiple primary beneficiaries are named at retirement, each beneficiary will receive a partial amount based on their respective ages. If any beneficiary predeceases you, there is no change to the benefit payable to any surviving beneficiary upon your death.
- Secondary beneficiaries will not receive a lifetime, monthly benefit.

Option 4A, 4B, and 4C:

- These options provide a reduced monthly allowance for your lifetime.
- You may only list a sole primary beneficiary.
- If your primary beneficiary named at retirement predeceases you, your monthly benefit will "pop-up" to the Maximum Plan.
- Secondary beneficiaries will not receive a lifetime, monthly benefit.

Under options 1, 2, 3, 4A, 4B, or 4C, if your sole primary beneficiary is your spouse who predeceases you or you divorce, and you subsequently remarry, you may re-elect to begin receiving an actuarially reduced benefit with your new spouse, under your choice of Option 1, 2, 3, 4A, 4B, or 4C

On or After July 1, 2012:

If a Member is unmarried at retirement, does not elect an optional form of payment with a survivor benefit, and later marries, the Member may elect a new reduced Option (Option 1, 2, 3, 4A, 4B or 4C) with their new spouse designated as the primary beneficiary. The new spouse would then be entitled to a lifetime benefit after the Member's death. This election can only be made within six months after marriage.

Online: To use this form, complete, sign, and upload, along with a clear, legible copy of a **valid photo identification** and any other required documentation. The ID Number, name, date of birth, and expiration date must be clear and legible. Valid photo identification is one of:

- Valid Georgia Driver's License
- Valid U.S. passport ID, U.S. military photo ID, or tribal photo ID
- Any valid state or federal government-issued photo ID, including a free ID Card issued by your county registrar's office or the Georgia Department of Driver Services (DDS)

Upload by scanning the documents (use a home scanner or mobile app), log in to your ERSGA account at ers.ga.gov, and click on the *File Upload* link. Allow two business days after uploading a document for it to be available to ERSGA staff.

Mail: Complete, sign, and mail this **original form** along with a copy of a **valid photo identification** and any other required documentation to:

ERSGA
Two Northside 75, Suite 300
Atlanta, GA 30318-7778

For more information, see the JRS Handbook on the ERSGA website: ers.ga.gov

If you have any questions about Death Benefits, please contact ERSGA at 404-350-6300.



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Section 1: Retiree Information

Your Information Note: ERSGA will update our records to reflect the mailing address below.

First Name _____	Mailing Address _____
Middle Initial _____	City _____
Last Name _____	State _____
SSN _____	Zip _____
Date of Birth _____ <small>(mm/dd/yyyy)</small>	Phone _____
	Email _____

Section 2: Retirement Benefit Beneficiaries

A. Primary

First Name _____	Mailing Address _____
Middle Initial _____	City _____
Last Name _____	State _____
Relationship to _____	Zip _____
Date of Birth _____	Phone _____

B. Secondary

First Name _____	Mailing Address _____
Middle Initial _____	City _____
Last Name _____	State _____
Relationship to _____	Zip _____
Date of Birth _____	Phone _____

Section 3: Signature & Acknowledgement

I acknowledge:

- I have read and understand the instructions on Page 1 and 2 of this form.
- I designate the above for any benefits due after my death.
- I have attached a clear, legible copy of my photo ID

Signature (handwritten)

Date