

## ERS Member Change of Beneficiary Form

### Instructions

**You can change your beneficiary at any time by logging in to your account at [ers.ga.gov](https://ers.ga.gov)**

This form is for ERS Active or Inactive Members to update beneficiaries for their Retirement Benefit.

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

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

- A Georgia Driver's License, even if expired
- 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 your current ERSGA employer. If you are no longer employed, notify ERSGA directly.

Section 3: Sign and date. Incomplete forms are not valid.

### 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.
- 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.

**Benefits Upon Death:** Upon your death, your beneficiary(ies) will receive either a refund of your contributions and interest or a lifetime monthly benefit, depending on:

- ERS member status (Active or Inactive)
- Your years of ERS service
- Your age

For more information, see the ERS Handbook on the ERSGA website: [ers.ga.gov](https://ers.ga.gov)

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

**Online:** For faster service, you can change your beneficiaries online.

To use this form, complete, sign, and upload, along with a copy of a **valid photo identification**. Upload by scanning the documents (use a home scanner or mobile app), log in to your ERSGA account at [ers.ga.gov](https://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** to:

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



## ERS Member Change of Beneficiary Form

### Section 1: Member Information

#### Your Information

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 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.

\_\_\_\_\_  
Signature (Handwritten)

\_\_\_\_\_  
Date

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