



Change of Beneficiary Form - ERS Retirees

GENERAL INSTRUCTIONS

A. Type or print clearly in blue ink. B. Please read the instructions on page 2 before completing this form. C. Changes are not valid until original received by ERSGA.

SECTION 1 - RETIREE INFORMATION

Name: _____ SSN: - -

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

Mailing Address: _____
(Street) (City) (State) (Zip Code)

Date of Birth: ____/____/____ E-mail : _____ 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 ALLOWANCE 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 2 of this form.

Signature _____ Date _____

EMPLOYEES' RETIREMENT SYSTEM (ERS) RETIREE 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: ERS retirement allowance and ERS 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.
- 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 (Maximum, Option 1, 4 Period Certain, and 4 Accelerated Benefit). A monthly allowance cannot be paid to an estate.

Sections 1 and 4: Personal Information and Signature

List all personal information in Section 1. If your address changes, it is important to notify ERS in writing. Section 4 must have your signature and must be dated.

Section 2: Retirement Allowance Beneficiary Information

Primary Beneficiaries: Options are listed below with the circumstances under which you can change your primary beneficiary

Maximum, Option 1, 4 Period Certain, and 4 Accelerated Benefit: allows you to change your primary beneficiary at any time.

Options 2, 3, and 4 Specified Amount to Beneficiary:

- **If spouse is sole primary beneficiary and divorce occurs** – allows change to the Maximum. After one year of remarriage or the birth of a child, you may choose the original option naming a new spouse as beneficiary.
- **If spouse is sole primary beneficiary and death of spouse occurs** – allows you to name a beneficiary; however, this beneficiary(ies) is not eligible for a monthly benefit after your death. After one year of re-marriage or the birth of a child, you may re-elect the optional allowance naming the new spouse as beneficiary, which will result in an actuarial reduction to your allowance.

Options 5A and 5B:

- If primary beneficiary predeceases you or if divorce occurs – allows change to the Maximum. After one year of remarriage or the birth of a child, you may choose the original option naming a new spouse as beneficiary, which will result in an actuarial reduction to your allowance.

If you were unmarried at retirement and subsequently marry:

- under the Maximum Plan, you may re-elect any option with a spouse as primary beneficiary, but you must do this *within six months after the marriage*.
- under options 2, 3, 4, 5A, and 5B, you may revoke your original option and re-elect 2, 3, 4, 5A, or 5B with a spouse as primary beneficiary at *any* time after the marriage.

Secondary Beneficiaries: Secondary beneficiaries are only used if the Primary Beneficiary predeceases you, however, if you elected an option that would provide a monthly benefit to your primary beneficiary, secondary beneficiaries are *not* eligible to receive a monthly benefit. Secondary beneficiaries may be changed at any time and under any option.

Section 3: ERS Group Term Life Insurance Beneficiary Information

Changes may be made at any time. You may designate percentages to multiple beneficiaries, but remember that the total percentage must equal 100%. If you do not specify percentages, the beneficiaries will be paid in equal amounts.

Do Not use this form if you are an active member of ERS.
A separate form is available on our website (www.ers.ga.gov) or from our office.