

ERS Retiree Change of Beneficiary Form

Instructions

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

- Active or Inactive ERS Member: Use the ERS 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, or have purchased an ERS SGLI annuity, use the form appropriate for that system:
 - Employees' Retirement System (ERS) Supplemental Guaranteed Lifetime Income (SGLI)
 - 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** and any other required documentation. Do not email or fax. Valid photo identification is one of:

- Valid Georgia Driver's License
- 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.

Changing Beneficiaries Online

If you chose Maximum Plan, Option 1, Option 4 Period Certain, or Option 4 Accelerated Benefit at retirement, you can change your primary beneficiary at any time. You may change your secondary beneficiaries for any option at any time. For faster service, log in to your online account at ers.ga.gov.

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.
- 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.

Primary Beneficiaries: You can change your primary beneficiary under the following circumstances:

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

- **If spouse is sole primary beneficiary and divorce occurs** – allows change to the Maximum Plan. Attach a copy of the divorce decree to this form. After one year of remarriage (or birth of a child), you may re-elect the original option with a reduced benefit, naming the new spouse (or other parent of the child) as beneficiary.
- **If spouse is sole primary beneficiary and death of spouse occurs** – allows you to name a new beneficiary. This new beneficiary is not eligible for a monthly benefit after your death. Attach a copy of your spouse's death certificate to this form. After one year of remarriage (or birth of a child), you may re-elect the original option with a reduced benefit, naming the new spouse (or other parent of the child) as beneficiary.

Options 5A and 5B: If primary beneficiary pre-deceases you or if divorce occurs – allows change to the Maximum Plan. Attach a copy of the divorce decree or death certificate to this form. After one year of remarriage (or birth of a child), you may re-elect the original option with a reduced benefit, naming the new spouse (or other parent of the child) as beneficiary.

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. Attach a copy of your marriage certificate to this form and request your options.
- Under any option other than the Maximum Plan, you may revoke your original option and elect Option 2, 3, 4, 5A, or 5B with your spouse as primary beneficiary at any time after the marriage. Attach a copy of your marriage certificate to this form and request your options.

Secondary Beneficiaries: Secondary beneficiaries are only used if all primary beneficiaries pre-decease you. If you elected an option providing 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.

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
- 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



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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 _____ Zip _____
Last 4 of SSN _____	Home Phone _____
Date of Birth _____ <small>(mm/dd/yyyy)</small>	Cell 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