



## GDCP 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 GDCP Members to update beneficiaries for their retirement plan benefit.

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 of Georgia (ERS)
- Public School Employees Retirement System (PSERS)
- Georgia Judicial Retirement System (JRS)
- Legislative Retirement System (LRS)

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:

- 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.

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.

**Benefits Upon Death:** Upon your death, your beneficiary(ies) will receive a refund of your contributions and interest.

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

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

**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](http://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: Member Information

#### Your Information

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