

## JRS 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 JRS Active or Inactive Members to update beneficiaries for their Retirement Benefit.

- JRS Retiree: Use the JRS Retiree Change of Beneficiary Form or change your beneficiary online at [ers.ga.gov](https://ers.ga.gov).
- Covered for ERS GA 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, change your beneficiary online or use the form appropriate for that system:
  - Employees' Retirement System of Georgia (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 ERS GA along with a copy of a **valid photo identification**. Do not email or fax. Valid photo identification is one of:

- A 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 ERS GA. A Will does not take precedence over this designation.**

### Sections 1 and 3: Your Information and Signature

Section 1: Complete all information.

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

**Primary Beneficiaries:** The primary beneficiary(ies) will receive a monthly benefit only if one of these two conditions apply:

- Your membership began prior to July 1, 2012, you elected Spousal Coverage, and you have made Spousal Contributions for at least 10 years prior to death while an active member; **OR**
- Your membership began on or after July 1, 2012, your Spouse is your primary beneficiary, and you have 10 or more years of Vesting Service at your death while an active member.

If none of these conditions are met, your beneficiary will receive a refund of your contributions and interest.

**Secondary Beneficiaries:** Your secondary beneficiary(ies) will receive the benefit only if the primary Beneficiary(ies) predeceases you.

For more information, see the JRS 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:** 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](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** to:

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



## JRS Member Change of Beneficiary Form

### Section 1: Member Information

#### Your Information

|                |              |              |                 |
|----------------|--------------|--------------|-----------------|
| First Name     | _____        | Mailing      | _____           |
| Middle Initial | _____        | Address City | _____           |
| Last Name      | _____        | State        | _____ Zip _____ |
| Last 4 of SSN  | _____        | Home Phone   | _____           |
| Date of Birth  | _____        | Cell Phone   | _____           |
|                | (mm/dd/yyyy) | 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