



## Change of Beneficiary Form - LRS Active Members

**GENERAL INSTRUCTIONS**

A. Print or type clearly. B. Please read the instructions on page 2 before completing this form. C. Changes are not valid until received by ERSGA.

**SECTION 1 - MEMBER INFORMATION**

Name: \_\_\_\_\_ SSN:    -   -      
(Last) (First) (MI) (Maiden)

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ email : \_\_\_\_\_ 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 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 two of this form.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

## MEMBER 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: LRS retirement and LRS 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.
- Primary and secondary beneficiaries may be changed at any time prior to retirement, but this change is not effective until it is received in this office.
- A secondary beneficiary will receive a benefit **only** if the primary beneficiary(ies) predeceases you.
- 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. A **monthly** allowance cannot be paid to an estate.

### Sections 1 and 4: Personal Information and Signature

List all personal information in Section 1.

Section 4 must have your signature and must be dated.

### Section 2: Retirement Beneficiary Information

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

- You have had at least 15 years of creditable service; **OR**
- You are age 60 or older **and** you have at least 8 years of membership service; **OR**
- You are age 65 or older **and** you have at least 8 years of creditable service.

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 predeceases you.

### Section 3: ERS Group Term Life Insurance Beneficiary Information

Members who joined the General Assembly on or after July 1, 2009 do not have the Group Term Life Insurance (GTLI) coverage and should write “not covered” in this section or leave it blank.

If you joined the General Assembly prior to July 1, 2009, the GTLI is payable only to your listed beneficiary(ies). GTLI is not assignable. You may designate percentages to multiple beneficiaries, but 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 retired. A separate form for retirees is available on our website ([www.ers.ga.gov](http://www.ers.ga.gov)) or from our office.