

PSERS Member Change of Beneficiary Form

Instructions

You can change your beneficiary at any time by logging in to your account at ers.ga.gov

This form is for PSERS members to update beneficiaries for their retirement plan benefit.

- PSERS Retiree: Use the PSERS Retiree 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, change your beneficiary online or use the form appropriate for that system:

- Employees' Retirement System (ERS)
- Georgia Judicial Retirement System (JRS)
- Legislative Retirement System (LRS)
- Georgia Defined Contribution Plan (GDCP)

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.
- "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: Upon your death, your beneficiary(ies) will receive a monthly benefit only if you are age 60 or older **and** you have at least 10 years of creditable service.

Otherwise, your beneficiary(ies) will receive a refund of your contributions and interest.

For more information, see the PSERS Handbook on the ERSGA website: 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, 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	_____ (mm/dd/yyyy)	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