

PSERS Retiree Change of Beneficiary Form

Instructions

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

- Active or Inactive PSERS Member: Use the PSERS Member 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)
 - 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**. 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.

Changing Beneficiaries Online

If you chose Maximum Plan, Option B05, B10, B15, and B20, 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.
- "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.

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

Maximum Plan:

- Beneficiaries may be changed at any time.
- You can name multiple primary and/or secondary beneficiaries.

Options A(a), A(b), and A(c):

- **If primary beneficiary pre-deceases you** - allows you to name a new beneficiary. This new beneficiary is not eligible for a monthly benefit after your death. Attach a copy of the death certificate to this form.
- If you named multiple primary beneficiaries at retirement, the amount each beneficiary would receive was calculated when you retired. Should any beneficiary predecease you, the living beneficiary would still receive the amount determined at retirement.

Option B (Period Certain):

- Beneficiaries may be changed at any time.
- If your death occurs prior to the expiration of the guaranteed period, we will pay the remaining monthly benefits to your named living beneficiary.
- If your death occurs after the expiration of the guaranteed period, we will pay only the check for the month of your death to your estate.

If you were unmarried at retirement and subsequently marry:

You may re-elect Option A or B 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.

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
- 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)

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

<p>First Name _____</p> <p>Middle Initial _____</p> <p>Last Name _____</p> <p>Last 4 of SSN _____</p> <p>Date of Birth _____ (mm/dd/yyyy)</p>	<p>Mailing Address _____</p> <p>City _____</p> <p>State _____ Zip _____</p> <p>Home Phone _____</p> <p>Cell Phone _____</p> <p>Email _____</p>
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Section 2: Retirement Benefit Beneficiaries

A. Primary

<p>First Name _____</p> <p>Middle Initial _____</p> <p>Last Name _____</p> <p>Relationship to _____</p> <p>Date of Birth _____</p>	<p>Mailing Address _____</p> <p>City _____</p> <p>State _____</p> <p>Zip _____</p> <p>Phone _____</p>
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B. Secondary

<p>First Name _____</p> <p>Middle Initial _____</p> <p>Last Name _____</p> <p>Relationship to _____</p> <p>Date of Birth _____</p>	<p>Mailing Address _____</p> <p>City _____</p> <p>State _____</p> <p>Zip _____</p> <p>Phone _____</p>
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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