



Change of Beneficiary Form – PSERS Retirees

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 – RETIREE INFORMATION

Name: _____ SSN: - -
(Last) (First) (MI) (Maiden)

Mailing Address: _____
(Street or PO Box) (City) (State) (Zip Code)

Date of Birth: ____/____/____ E-mail: _____ Daytime Phone No.: (____) ____ - ____
(mm) (dd) (yyyy)

SECTIONS 2 & 3 INSTRUCTIONS: A. If you choose multiple beneficiaries, designate the % you want for each beneficiary following the beneficiary's name (total must equal 100%). If listing more than 2, please list the additional beneficiaries on a separate sheet.

SECTION 2 – PRIMARY BENEFICIARY(IES) FOR RETIREMENT BENEFITS

Name: _____ Percentage _____ %
(Last) (First) (MI) (Maiden – If Applicable)

Mailing Address: _____
(Street or PO Box) (City) (State) (Zip Code)

Date of Birth: ____/____/____ Relationship To You: _____ Daytime Phone No.: (____) ____ - ____
(mm) (dd) (yyyy)

Name: _____ Percentage _____ %
(Last) (First) (MI) (Maiden – If Applicable)

Mailing Address: _____
(Street or PO Box) (City) (State) (Zip Code)

Date of Birth: ____/____/____ Relationship To You: _____ Daytime Phone No.: (____) ____ - ____
(mm) (dd) (yyyy)

Total Percentage 100%

SECTION 3 – SECONDARY BENEFICIARY(IES) FOR RETIREMENT BENEFITS

Name: _____ Percentage _____ %
(Last) (First) (MI) (Maiden – If Applicable)

Mailing Address: _____
(Street or PO Box) (City) (State) (Zip Code)

Date of Birth: ____/____/____ Relationship To You: _____ Daytime Phone No.: (____) ____ - ____
(mm) (dd) (yyyy)

Name: _____ Percentage _____ %
(Last) (First) (MI) (Maiden – If Applicable)

Mailing Address: _____
(Street or PO Box) (City) (State) (Zip Code)

Date of Birth: ____/____/____ Relationship To You: _____ Daytime Phone No.: (____) ____ - ____
(mm) (dd) (yyyy)

Total Percentage 100%

SECTION 4 – SIGNATURE & ACKNOWLEDGEMENT

I designate the above for any benefits due after my death. I have read and understand the instructions on Page 2 of this form.

Signature _____ Date ____/____/____

PUBLIC SCHOOL EMPLOYEES' RETIREMENT SYSTEM (PSERS) RETIREE CHANGE OF BENEFICIARY FORM Instructions

Complete and return to ERSGA. Incomplete forms are not valid and will be returned.

- If you wish to name more than two beneficiaries (either primary or secondary), please write "see attached" in the space for the beneficiary name and attach an additional sheet listing those beneficiaries in the same format used in Sections 2 & 3 of this application. Designate each additional beneficiary as either primary or secondary. Be sure to include the same beneficiary information for each additional beneficiary. ***You must sign and date the additional listing of beneficiaries and include your last four digits of your Social Security Number on the upper right hand corner of the additional sheet.***
- Secondary Beneficiaries: Secondary beneficiaries are only used if the Primary Beneficiary predeceases you, however, if you elected an option that would provide 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.
- 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

- Complete all information in Section 1.
- This change of beneficiary form must be signed and dated in Section 4.
- Incomplete forms will not be processed and will be returned immediately. Once this form has been completed according to these instructions, return it and all applicable attachments to ERSGA.

Sections 2 and 3 – Retirement Allowance Beneficiary Designation

PLEASE NOTE: At the time of your retirement, you elected your retirement option. Some options allow you to make changes to your primary beneficiary(ies) at any time, others only under very specific, life-changing circumstances, as specified below.

Under the **Maximum Plan**, beneficiaries may be changed at any time.

- In addition, you can name multiple primary and/or secondary beneficiaries.

Under **Options A(a), A(b), and A(c)**, beneficiary changes are restricted.

- If your primary beneficiary selected at retirement, predeceases you, no further monthly benefits are payable after your death.
- 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(ies) would still receive the amount determined at retirement.

Under **Option B**, 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(ies).
- 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.

NOTE: If you were unmarried at the time you retired, and subsequently marry, you are eligible to reelect ***Option A or B*** ***within six months*** after the date of marriage, with your spouse named as beneficiary.

PLEASE NOTE: Do not use this form if you are an active member of PSERS. A separate form for active members is available on our website (www.ers.ga.gov) or from our office.