

DESIGNATION OF BENEFICIARY PRE-RETIREMENT DEATH BENEFITS

Please see reverse for important information regarding your designation.

EMPLOYEE

Social Security Number:	<input style="width: 90%;" type="text"/>	Gender:	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth:	<input style="width: 90%;" type="text"/>
Name:	<input style="width: 40%;" type="text"/>		<input style="width: 40%;" type="text"/>		<input style="width: 20%;" type="text"/>	
	Last	First	MI			
Mailing Address:	<input style="width: 40%;" type="text"/>		<input style="width: 20%;" type="text"/>		<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
	Street or Box Number	City/Town	State	ZIP Code		

DESIGNATION OF BENEFICIARY - PRIMARY

Name(s) of Primary Beneficiary(ies):	Social Security Number (required):	Date of Birth (required):	Relationship (required):

DESIGNATION OF BENEFICIARY - CONTINGENT

Name(s) of Contingent Beneficiary(ies):	Social Security Number (required):	Date of Birth (required):	Relationship (required):

Note: Contingent beneficiaries will be paid only if primary beneficiaries pre-decease you.

I, the undersigned member of the Maine Public Employees Retirement System, acknowledge that I have read the information for Pre-Retirement Death Benefits, (Form #CL-0722-A), which explains pre-retirement death benefits, and hereby designate the above as my beneficiary(ies).

⇒ _____
EMPLOYEE SIGNATURE

⇒ _____
DATE

INSTRUCTIONS

THE DESIGNATION OF BENEFICIARY PRE-RETIREMENT DEATH BENEFITS FORM

1. The Primary Beneficiary(ies) you name will receive your retirement benefit if living at the time of your death. If the Primary Beneficiary(ies) are deceased at the time of your death, the Contingent Beneficiary(ies) you name will receive the benefit.
2. The Employee Signature and Date must be completed in order for this form to be legally binding.
3. When a beneficiary is not related, state the relationship as "non-relative."
4. If you wish money to go to an organization, designate your Estate as your beneficiary and outline your wishes in your will.
5. If you need more room, attach additional sheets, specify the type(s) of beneficiary(ies) you are naming, and include all requested information. Each additional sheet must be signed and dated in order to be legally binding.
6. Your Designation of Beneficiary form will returned to you if:
 - you do not sign and date the form
 - you do not provide the social security numbers and dates of birth of all beneficiaries
 - the form has been altered or is not legible
 - the form references another document or contains "and/or" or "or" in the designation
 - the designation lists only the first names of the beneficiaries
7. You have the right to change your beneficiary designation(s) at any time, without the consent of any person, by filing a new Designation of Beneficiary form. At your death, your retirement benefit will go to the beneficiary(ies) named on your most recent Designation of Beneficiary form if the signed and dated form was postmarked before your death.
8. If completing Membership Application and Beneficiary form, return completed forms to your Employer.

If completing Beneficiary form only, mail the completed form to:

Maine Public Employees Retirement System
Attn: Survivor Services
46 State House Station
Augusta, ME 04333