



46 State House Station  
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## DESIGNATION OF OPTION ONE BENEFICIARY

Option one (1), 5 M.R.S.A., Subsection 17804.2, provides a reduced retirement benefit payable during the retiree's lifetime, with the provision that at his/her death the balance of the accumulated contributions shall be determined.

The balance of the accumulated contributions, over and above the portion of benefits paid, is the actuarial equivalent of such contributions, and shall be paid in a lump sum to his/her designated beneficiary as has been nominated by written designation duly acknowledged and filed with the MainePERS, otherwise to his/her estate.

I hereby direct that the balance of my own contributions, if any, shall be paid, at the time of my death, in a single lump sum payment to the person(s) designated below:

***Please provide all of the information applicable to the designated beneficiary(ies).***

Name: \_\_\_\_\_  
Print or Type

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

SSN: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Print or Type

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

SSN: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Signature Section: Must be signed in the presence of a notary public.**

This designation supersedes any previous nominations made by me.

\_\_\_\_\_  
Print or Type Name of Retiree

\_\_\_\_\_  
Social Security Number of Retiree

\_\_\_\_\_  
Signature of Retiree

\_\_\_\_\_  
Date

**Notary Section: Must be completed by a Notary Public.**

State of \_\_\_\_\_, County of \_\_\_\_\_. On this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me the said named \_\_\_\_\_

to me known to be the person described herein, or  proved to me on the basis of satisfactory evidence, who  
executed the same as his (or her) free will and deed.

SEAL

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Date

My commission expires on: \_\_\_\_\_