



46 State House Station  
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## INFORMED CONSENT TO REVISION OF BENEFICIARY DESIGNATION

PLEASE PRINT OR TYPE ALL INFORMATION

**RETIREE**

**FORMER SPOUSE**

Name \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SS# \_\_\_\_\_

SS# \_\_\_\_\_

Telephone Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

I, (Name) \_\_\_\_\_, hereby affirm that a MainePERS staff member provided counseling regarding the financial effect of giving up my rights as the beneficiary of the above-named retiree. I further affirm that I understand that as the beneficiary of the above-named retiree I was entitled to:

- \$ \_\_\_\_\_ \* per month upon his/her death for the remainder of my lifetime (Option 2, 3, 6, or 7).
- \$ \_\_\_\_\_ \*per month upon his/her death for the remainder of my lifetime (Option 4 or 8)
- \$ \_\_\_\_\_ \* per month currently and \$ \_\_\_\_\_ \* per month upon his/her death for the remainder of my lifetime (Option 5).

\* Subject to cost-of-living adjustments, if applicable.

**SIGNATURE SECTION: MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.**

My signature on this form indicates that I am, of my own free will, forfeiting all rights and benefits from MainePERS as the beneficiary of the above-named retiree and will receive no future benefit payments upon his/her death.

SIGNATURE: \_\_\_\_\_  
 (Former Spouse)

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: \_\_\_\_\_  
 Date

**PLEASE RETAIN A COPY FOR YOUR RECORDS**