



**MainePERS**  
PUBLIC EMPLOYEES RETIREMENT SYSTEM

P.O. Box 349  
Augusta, ME 04332-0349  
Telephone: (207) 512-3100  
Toll-free: 1-800-451-9800  
Fax: (207) 512- 3101  
Maine Relay: 711

**DESIGNATION OF  
OPTION ONE BENEFICIARY**

Retirement payment Option One provides a reduced retirement benefit payable during the retiree's lifetime, with the provision that at their 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 their designated beneficiary as has been nominated by this designation signed by me and filed with MainePERS, otherwise to their 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: _____ <small>Print or Type</small>	Date of Birth: _____
Address: _____ _____	SSN: _____
	Relationship: _____

Name: _____ <small>Print or Type</small>	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 acknowledged that they personally and freely executed this instrument.

SEAL

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

\_\_\_\_\_  
Date

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