



PENSION BENEFICIARY DESIGNATION FOR PRE-RETIREMENT DEATH BENEFITS

The *Instructions* on the next page provide important information you must understand regarding your designation.

MEMBER

Social Security Number:	<input style="width: 95%;" type="text"/>	Date of Birth:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
			Month	Day	Year
Home E-mail Address:	<input style="width: 95%;" type="text"/>		Home Phone:	<input style="width: 95%;" type="text"/>	
Name:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
	First	Middle	Last		Suffix
Mailing Address:	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Street or Box Number		City/Town	State	ZIP Code

DESIGNATION OF BENEFICIARY - PRIMARY

Names (first & last) of Primary Beneficiaries:	Social Security Number (required):	Date of Birth (required):	Relationship (required):

DESIGNATION OF BENEFICIARY - CONTINGENT

Names (first & last) of Contingent Beneficiaries:	Social Security Number (required):	Date of Birth (required):	Relationship (required):

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

By signing this form, I understand the individuals or legal entities I have named as beneficiaries will receive any payments I have earned as the result of participation in a MainePERS pension plan should I die prior to retirement.

MEMBER SIGNATURE _____

DATE _____

FORM INSTRUCTIONS

PENSION BENEFICIARY DESIGNATION FOR PRE-RETIREMENT DEATH BENEFITS

1. All fields in the MEMBER section must be completed. If you do not have a personal email address or telephone, please write "none" in those fields.
2. Any Primary beneficiaries you name, if living, will be paid any benefits you are due as the result of participating in a MainePERS pension plan should you die prior to retirement. If the Primary beneficiaries are deceased at the time of your death, the Contingent beneficiaries you name will receive the benefits due.
3. If you designate a minor as a Primary or Contingent beneficiary, you may complete and submit to MainePERS a Maine Uniform Transfers to Minors Act (UTMA). This will name a custodian for any payment that your beneficiary will receive, if they are under 18 at the time of your death. Please do not name a custodian or guardian as the beneficiary. If you do not have a UTMA designation on file with MainePERS and the benefit is greater than \$10,000 per year, we are required by law to request a court order appointing a custodian for any payment they will receive.
4. If you name a trust as a beneficiary, please include the following information on the beneficiary designation: the full name of the trust as it shows on the trust document; the date the trust was created; and the name and contact information for the trustee.
5. If you name a charitable foundation, civic, religious, educational or health-related organization as beneficiary, please provide the organization's full name and address on the Pension Beneficiary Designation form.
6. If you name your estate as the Primary beneficiary, do not name a Contingent beneficiary. When an estate is the named beneficiary, the only available payment option is a refund of your contributions and interest. Any payment in this situation will be remitted to the personal representative or executor of your estate for distribution to your beneficiaries.
7. When a beneficiary is not related to you legally, please identify the relationship as "non-relative."
8. If you need more room because of the number of beneficiaries being named, attach additional sheets that specify the types of beneficiaries you are naming, and include all requested information. Please sign and date each additional sheet.
9. Please follow the instructions carefully. If the form is missing information and we are unable to identify you or your intended beneficiaries, we may not be able to administer your beneficiary designations or pay benefits as you intended. For example, be sure to:
 - Sign the form (and each additional sheet, if applicable)
 - Include the complete name of any individual beneficiaries (not just first names)
 - Avoid using words like "or", "if" or "and"
 - Fully and clearly complete the Member section
10. You have the right to change who you name as a beneficiary at any time, without the consent of any person, by filing a new Pension Beneficiary Designation form. If you die prior to retiring, any benefits you are due will be paid to the beneficiaries named on the most recently completed Beneficiary Designation form that is on file with MainePERS.
11. To submit the form:

If you are completing both a Membership Application and the Pension Beneficiary Designation form, please return the completed forms to your Employer.

If you are only completing the Pension Beneficiary Designation form, please send the completed form to MainePERS using one of the following methods:

U.S. Mail: Maine Public Employees Retirement System
Attn: Survivor Services Unit
P.O. Box 349
Augusta, ME 04332-0349

Online: To complete and submit this form online via the MainePERS DocuSign service visit www.maineopers.org/forms and click on the "Download DocuSign Form CL-0722" option and follow the instructions.

Secure Email: You may also send your form via secure email, called Zixmail. Do NOT send your personal or sensitive information to MainePERS via standard email. If you would like to send this form to MainePERS via secure email, please use this link: <https://web1.zixmail.net/s/login>