



P.O. Box 349  
Augusta, ME 04332-0349  
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Maine Relay: 711

## PROSPECTIVE BENEFICIARY OF MEMBER CHANGING TO SERVICE RETIREMENT

### MEMBER INFORMATION

Name (Please Print) Last, First, Middle Initial:	Social Security Number:
Mailing Address (Street, Route, PO Box, etc.):	Birth Date (Month, Day, Year):
City, State, ZIP Code:	Phone: Email:

**In order to provide you with an estimate of all the service retirement options available to you, we must be provided with the name and birth date of your prospective beneficiary:**

Name of Your Prospective Beneficiary (*if any*): \_\_\_\_\_  
(Please Print)

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

Date of Birth of Your Prospective Beneficiary: \_\_\_\_\_  
Month Day Year

Social Security Number of Your Prospective Beneficiary: \_\_\_\_\_

**Please return this form in the envelope provided to:**

SURVIVOR SERVICES  
MAINE PUBLIC EMPLOYEES RETIREMENT SYSTEM  
P.O. BOX 349  
AUGUSTA, ME 04332-0349

**Please note:** Information provided on this form is used for service retirement purposes only and does not constitute a change in your designated beneficiary. Should you wish to change your designated beneficiary, please contact the MainePERS Survivor Services Unit and request that the appropriate form be sent to you.