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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: _____