



# Enrollment/Beneficiary Designation



Please print in blue or black ink.

## Section 1: Member Information

Social security number: \_\_\_\_\_ Date of birth (mm/dd/yyyy): \_\_\_\_\_ Male  Female

First name: \_\_\_\_\_ MI: \_\_\_\_\_ Last name: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Primary phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Marital status: Married  Single  Divorced  Widowed

## Section 2: Beneficiary Designation - Do not erase or change this section. All information is required for each beneficiary.

Any benefits payable by IPERS at my death will be paid EQUALLY to the following primary beneficiary(ies) who survive me.

| PRIMARY | Beneficiary Name | Relationship | Sex (M/F) | SSN | Date of Birth (mm/dd/yyyy) |  |
|---------|------------------|--------------|-----------|-----|----------------------------|--|
|         |                  |              |           |     |                            |  |
|         |                  |              |           |     |                            |  |
|         |                  |              |           |     |                            |  |
|         |                  |              |           |     |                            |  |
|         |                  |              |           |     |                            |  |

If ALL the primary beneficiaries die before I die, any benefits payable by IPERS at my death will be paid EQUALLY to the following secondary beneficiary(ies) who survive me.

| SECONDARY | Beneficiary Name | Relationship | Sex (M/F) | SSN | Date of Birth (mm/dd/yyyy) |  |
|-----------|------------------|--------------|-----------|-----|----------------------------|--|
|           |                  |              |           |     |                            |  |
|           |                  |              |           |     |                            |  |
|           |                  |              |           |     |                            |  |
|           |                  |              |           |     |                            |  |
|           |                  |              |           |     |                            |  |

## Section 3: Member's Signature

You and your spouse must sign and date this form in front of a disinterested witness.

Signature of member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of witness (Beneficiary may not act as witness.): \_\_\_\_\_

## Section 4: Spouse's Signature

As the spouse of the above-named IPERS member, I hereby consent to this beneficiary designation.

Signature of member's spouse: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of witness (Beneficiary may not act as witness.): \_\_\_\_\_

# Enrollment/Beneficiary Designation

Read all instructions carefully. Forms not properly completed will not be accepted by IPERS.

**Clarity is required.** Be as clear as possible when you complete this form. IPERS staff will review your form and may reject it if it is unclear or confusing.

**Equal shares.** If you name two or more people as beneficiaries at one level (primary or secondary), IPERS will pay the same amount to those beneficiaries at your death.

**Who is eligible to be a beneficiary.** Any person (related to you or not), church, charity, or estate may be designated as a primary or secondary beneficiary. If you designate your estate as beneficiary, your benefits will be paid according to your testamentary will or according to state laws for interstate distribution. You may *not* designate a commercial entity, such as a funeral home, as your beneficiary.

**Naming beneficiaries (primary and secondary).** If you need more space to name your beneficiaries, complete and submit extra *Enrollment/Beneficiary Designation* forms and clearly mark them as *page 1 of 2*, etc. You, your spouse, and a disinterested witness must sign and date each page. You are not required to designate secondary beneficiaries.

## Example: Primary beneficiary(ies)

| Beneficiary Name | Relationship | Sex (M/F) | SSN       | Date of Birth (mm/dd/yyyy) |
|------------------|--------------|-----------|-----------|----------------------------|
| Sue Smith        | Spouse       | F         | 482829381 | 05/17/1950                 |

## Example: Secondary beneficiary(ies)

| Beneficiary Name | Relationship | Sex (M/F) | SSN       | Date of Birth (mm/dd/yyyy) |
|------------------|--------------|-----------|-----------|----------------------------|
| Jim Smith        | Son          | M         | 482583969 | 01/31/1970                 |
| Jill Smith       | Daughter     | F         | 485297659 | 07/21/1975                 |
| Bob Smith        | Son          | M         | 486799103 | 05/15/1977                 |

**Naming an estate as beneficiary.** You may name your estate as either primary or secondary beneficiary by writing *My estate* under Beneficiary Name. If you name your estate as a primary beneficiary, you cannot name a secondary beneficiary.

## Example: Estate as beneficiary

| Beneficiary Name | Relationship | Sex (M/F) | SSN | Date of Birth (mm/dd/yyyy) |
|------------------|--------------|-----------|-----|----------------------------|
| My estate        |              |           |     |                            |

**Naming a trust or trustee as beneficiary.** You may name a living trust or a testamentary trust as a primary or secondary beneficiary. For a **living trust**, you must include the following: 1) the specific name of the trust, 2) the date the trust was created, 3) the name of the trustee followed by the word *trustee*, and 4) the trustee's address. We recommend you include a successor trustee in your designation of a living trust. At your death, the successor trustee will be contacted about the death benefits payable. For a **testamentary trust**, you must include the following: 1) the specific name of the trust followed by the

words *created under my last will and testament*, 2) the name of the trustee followed by the word *trustee*, and 3) the trustee's address.

## Example: Living trust as beneficiary

| Beneficiary Name                  | Relationship              | Sex (M/F) | SSN   | Date of Birth (mm/dd/yyyy) |
|-----------------------------------|---------------------------|-----------|-------|----------------------------|
| The living trust of Jane J. Smith |                           |           |       | 01/01/2000                 |
| Jane J. Smith, trustee,           | 123 Main St., Anytown, WI |           | 53001 |                            |
| Albert J. Doe, successor trustee, | 123 Main St., Anytown, WI |           | 53001 |                            |

## Example: Testamentary trust as beneficiary

| Beneficiary Name   | Relationship           | Sex (M/F) | SSN | Date of Birth (mm/dd/yyyy)      |
|--|------------------------|-----------|-----|---------------------------------|
| John L. Doe Trust, created under my last will and testament. | Sue J. Smith, trustee, |           |     | 123 Main St., Anytown, WI 53001 |

## Naming a charity as beneficiary.

### Example: Charity

| Beneficiary Name                      | Relationship | Sex (M/F) | SSN | Date of Birth (mm/dd/yyyy) |
|---------------------------------------|--------------|-----------|-----|----------------------------|
| Juvenile Diabetes Research Foundation |              |           |     |                            |
| 5444 NW 96th St.                      |              |           |     |                            |
| Des Moines, IA 50000                  |              |           |     |                            |

## Naming a beneficiary with an IPERS QDRO.

### Example: QDRO

| Beneficiary Name   | Relationship | Sex (M/F) | SSN | Date of Birth (mm/dd/yyyy) |
|--|--------------|-----------|-----|----------------------------|
| Sue Smith, as alternate payee, or her successor alternate payees, if applicable, in the amount specified in Qualified Domestic Relations Order file stamped (date); remainder to Jim Smith, Jill Smith, and Bob Smith, children, equally or to the survivor. |              |           |     |                            |

## Remember when completing this form

Once your completed *Enrollment/Beneficiary Designation* form is received and approved by IPERS, it remains in effect until you file a new form or until there are no further benefits payable.

**No beneficiary on file.** If you die and have not designated a beneficiary, your estate may become your beneficiary.

**Changing your designation.** You may change your beneficiary designation at any time before you begin receiving IPERS benefits by completing and filing a new form. New beneficiary forms filed will cancel all previous designations. Therefore, if you want to *add* or *delete* a beneficiary, for example a new child, you must include on the new form all beneficiaries you wish to designate.

**Retired reemployed members.** This designation will also change your retirement beneficiary, unless you retired under Option 4 or 6 (Joint and Survivor Annuity), for which certain exceptions apply.

**If you have questions,** call our toll-free number, 1-800-622-3849, 7:30 a.m.-5 p.m., Monday-Friday, to speak with an IPERS representative.