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DESIGNATION OF BENEFICIARY PRE-RETIREMENT DEATH BENEFITS

Please see *Instructions* for important information regarding your designation.

| | | | |
|-------------------------|--|---|---|
| EMPLOYEE | | | |
| Social Security Number: | <input style="width: 95%;" type="text"/> | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Date of Birth: <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <small>Month Day Year</small> |
| Home E-mail Address: | <input style="width: 95%;" type="text"/> | | |
| Name: | <input style="width: 25%; border-bottom: none;" type="text"/> <small>First</small> | <input style="width: 10%; border-bottom: none;" type="text"/> <small>Middle</small> | <input style="width: 55%; border-bottom: none;" type="text"/> <small>Last</small> |
| Mailing Address: | <input style="width: 35%; border-bottom: none;" type="text"/> <small>Street or Box Number</small> | <input style="width: 25%; border-bottom: none;" type="text"/> <small>City/Town</small> | <input style="width: 10%; border-bottom: none;" type="text"/> <input style="width: 30%; border-bottom: none;" type="text"/> <small>State ZIP Code</small> |

| DESIGNATION OF BENEFICIARY - PRIMARY | | | |
|--------------------------------------|------------------------------------|---------------------------|--------------------------|
| Name(s) of Primary Beneficiary(ies): | Social Security Number (required): | Date of Birth (required): | Relationship (required): |
| | | | |

| DESIGNATION OF BENEFICIARY - CONTINGENT | | | |
|---|------------------------------------|---------------------------|--------------------------|
| Name(s) of Contingent Beneficiary(ies): | Social Security Number (required): | Date of Birth (required): | Relationship (required): |
| | | | |

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

I, the undersigned member of the Maine Public Employees Retirement System, acknowledge that I have read the information for Pre-Retirement Death Benefits, (Form #CL-0722-A), which explains pre-retirement death benefits, and hereby designate the above as my beneficiary(ies).

 EMPLOYEE SIGNATURE

 DATE

PLEASE RETAIN A COPY FOR YOUR RECORDS.

INSTRUCTIONS

THE DESIGNATION OF BENEFICIARY PRE-RETIREMENT DEATH BENEFITS FORM

1. The Primary Beneficiary(ies) you name, if living, will receive your retirement benefit at the time of your death. If the Primary Beneficiary(ies) are deceased at the time of your death, the Contingent Beneficiary(ies) you name will receive the benefit.
2. The Employee Signature and Date must be completed for this form to be legally binding.
3. When a beneficiary is not related, state the relationship as "non-relative."
4. If you wish money to go to an organization, designate your Estate as your beneficiary and outline your wishes in your will.
5. If you need more room, attach additional sheets, specify the type(s) of beneficiary(ies) you are naming, and include all requested information. Each additional sheet must be signed and dated to be legally binding.
6. Your Designation of Beneficiary form will be invalid if:
 - you do not sign and date the form
 - the form has been altered or is not legible
 - the form references another document or contains "and/or" or "or" in the designation
 - the designation lists only the first names of the beneficiaries
7. You have the right to change your beneficiary designation(s) at any time, without the consent of any person, by filing a new Designation of Beneficiary form. At your death, your retirement benefit will go to the beneficiary(ies) named on your most recent Designation of Beneficiary form if the signed and dated form was postmarked before your death.
8. If completing the Membership Application and Beneficiary form, return completed forms to your Employer.

If completing Beneficiary form only, mail the completed form to:

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