



To Whom It May Concern,

This form establishes your beneficiary designation with the Public Education Employee Retirement System of Missouri (PEERS) after disability retirement. It must be properly completed and on file with PEERS in order to be effective.

Your beneficiary(ies) may be entitled to a lump-sum payment of your remaining contributions and interest, or if your sole beneficiary has an insurable interest in your life, he or she may be eligible for a lifetime monthly retirement-based benefit.

You may name as your beneficiary: 1.) an individual, 2.) a legal entity such as a church, school or organization, 3.) your estate, or 4.) a legally established trust. If the space provided here is not sufficient for your desired designations, you may include a dated attachment, which bears your original signature.

If you do not have a valid beneficiary designation on file, payment will be made to your 1.) surviving spouse, 2.) surviving children in equal shares, 3.) surviving parents in equal shares, or 4.) your estate, in that order of precedence. Please refer to the *Protecting Those You Care About* brochure or the *Member Handbook* on our website, or call our office if you need assistance.

Be proactive in updating your beneficiary designation and provide complete information to help ensure any benefit payable at your death is distributed according to your wishes. PEERS will acknowledge receipt of this form. If you have questions about designating beneficiaries or completing this form, we recommend speaking with a PEERS representative by calling **(800) 392-6848**.

Sincerely,

A handwritten signature in cursive script that reads "Jana Taylor".

Jana Taylor
Records Supervisor

Enclosure

DISABILITY RETIREMENT BENEFICIARY DESIGNATION

Instructions:

- Review the brochure, *Protecting Those You Care About*, and the information on the reverse side before completing this form. Return the completed form to the Public Education Employee Retirement System of Missouri (PEERS) at the address above.
- Make sure you sign the form.
- Keep a copy for your records.

SECTION A – MEMBER INFORMATION

First Name		Middle Name		Last Name	
Member ID (or Last Four Digits of Your Social Security Number)			Account ID		Telephone ()
Mailing Address			City	State	ZIP
Email Address					

SECTION B – BENEFICIARY DESIGNATION

I hereby request and authorize the Board of Trustees to pay any benefits due at my death to the primary beneficiary named below. Payments to the first or second contingent beneficiary would only be made if the preceding beneficiary is deceased. I reserve the right to change my beneficiary by filing a new *Disability Retirement Beneficiary Designation*. This designation supersedes and renders void my previous designations.

Primary Beneficiary

First Name		Middle Name		Last Name	
Social Security Number			Date of Birth		Relationship to You
Mailing Address			City	State	ZIP

First Contingent Beneficiary

First Name		Middle Name		Last Name	
Social Security Number			Date of Birth		Relationship to You
Mailing Address			City	State	ZIP

Second Contingent Beneficiary

First Name		Middle Name		Last Name	
Social Security Number			Date of Birth		Relationship to You
Mailing Address			City	State	ZIP

SECTION C – MEMBER CERTIFICATION

I have reviewed the reverse side of this form and the brochure, *Protecting Those You Care About*, and I understand that: 1.) Upon a change in life status (marriage, divorce, birth or adoption of a child) this beneficiary designation on file with the retirement office is automatically revoked in its entirety, **and** 2.) I must complete a new designation. If I do not complete a new beneficiary designation, any benefit due at my death will be paid according to Missouri law.

Digital Signatures Not Accepted – Original (Written) Signature Required X	Date
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