



To Whom It May Concern,

This form applies upon your effective retirement date with the Public Education Employee Retirement System of Missouri (PEERS) if you chose the Single Life or one of the Joint-and-Survivor benefit plans and the remaining balance of your contributions and the accrued interest is payable. A lump-sum payment is made to your primary beneficiary(ies). If the primary beneficiary(ies) is deceased, the lump-sum payment is made to the first contingent beneficiary(ies). You may name multiple (joint) beneficiaries to share these funds, which are divided equally unless otherwise indicated.

**If you chose the Single Life benefit plan at retirement:**

The beneficiary named on this form will receive the remaining balance of your contributions and interest, and, if necessary, your final monthly retirement benefit. If you do not have a valid beneficiary designation on file to receive these funds, payment will be made to your 1.) surviving spouse, 2.) surviving children in equal shares, 3.) surviving parents in equal shares, or 4.) estate, in that order of precedence.

**If you chose a Joint-and-Survivor plan at retirement:**

The beneficiary named on this form will receive the remaining balance of your contributions and interest in excess of the total benefits paid to you and your named beneficiary to receive lifetime benefits. If you do not have a valid beneficiary designation on file, payment will be made to the 1.) surviving spouse of the last benefit recipient, 2.) surviving children of the last benefit recipient in equal shares, 3.) surviving parents of the last benefit recipient in equal shares, or 4.) estate of the last benefit recipient, in that order of precedence.

You may change your beneficiary to receive the remaining balance of your contributions and interest at any time by filing a new *Post-Retirement Beneficiary Designation for Lump-Sum Payment of Contributions and Interest*.

PEERS will acknowledge receipt of this form. If you have questions about naming 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



PUBLIC EDUCATION EMPLOYEE  
RETIREMENT SYSTEM OF MISSOURI

PO Box 268  
Jefferson City, MO 65102-0268  
(573) 634-5290 or  
Toll Free: (800) 392-6848  
Fax: (573) 634-7934  
Email: psrspeers@psrspeers.org  
Website: www.psrs-peers.org

# POST-RETIREMENT BENEFICIARY DESIGNATION FOR LUMP-SUM PAYMENT OF CONTRIBUTIONS AND INTEREST

**Instructions:**

- Review 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.
- If the space provided is not sufficient for your desired designation, please include a dated attachment that bears your original signature.
- 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 (if known)		Telephone (     )
Mailing Address			City	State	ZIP
Email Address					

## SECTION B – BENEFICIARY DESIGNATION

I hereby request and authorize the PSRS/PEERS Board of Trustees to pay the person(s) or entity(ies) named below any remaining contributions and interest associated with my membership in excess of the total lifetime retirement benefits paid to me under the Single Life plan, or to my named beneficiary and me under a Joint-and-Survivor plan. I reserve the right to change my beneficiary designation by filing a new *Post-Retirement Beneficiary Designation for Lump-Sum Payment of Contributions and Interest*.

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

## SECTION C – MEMBER CERTIFICATION

I have reviewed the reverse side of this form and understand that these beneficiary designations apply only to a lump-sum payment of the balance of my contributions and interest that may be payable after my effective retirement date. This designation supersedes and renders void any previous beneficiary designations for this benefit and becomes effective upon my retirement date or upon receipt in the PEERS office, whichever occurs later.

Digital Signatures Not Accepted – Original (Written) Signature Required <b>X</b>	Date
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