



To Whom It May Concern,

This form establishes your beneficiary designation for a lump-sum death benefit of \$5,000 payable at your death. The beneficiary designation made with this form applies after your effective retirement date.

If the space provided on this form is not sufficient for your desired designation, please include a dated attachment, which bears your original signature. This designation supersedes and renders void all previous designations of beneficiaries to receive the \$5,000 death benefit.

You may designate an individual(s), a trust if one has been legally established, or any other legal entity(ies) to receive this benefit. If you name multiple primary or contingent beneficiaries, they will share equally unless you indicate otherwise. Any payment to a minor or a person who is legally incompetent will be paid to a legally authorized representative of the beneficiary.

This designation relates only to the \$5,000 death benefit and does not change the beneficiary whom you may have named under a Joint-and-Survivor or Term-Certain plan, nor does it affect the beneficiary named to receive any balance of unused contributions and interest, if any, remaining in your membership at your death.

This payment is a taxable death benefit distribution.

If you do not have a valid beneficiary designation on file to receive this benefit, 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.

PSRS will acknowledge your beneficiary designation. If you have questions about designating beneficiaries or completing this form, we recommend speaking with a PSRS representative by calling **(800) 392-6848**.

Sincerely,

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

Jana Taylor
Records Supervisor



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

\$5,000 DEATH BENEFIT BENEFICIARY DESIGNATION

Instructions:

- Review the information on the reverse side before completing this form. Return the completed form to PSRS at the address above.
- Make sure you sign the form.
- If the space provided on this form is not sufficient for your designation, please include a dated attachment with 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 \$5,000 death benefit due at my death to the primary beneficiary listed below. Payments to the first or second contingent beneficiaries occur only if the preceding beneficiary is deceased. I reserve the right to change this designation by filing a new \$5,000 *Death Benefit Beneficiary Designation*.

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 understand that this beneficiary designation applies only to the \$5,000 death benefit. This designation supersedes and renders void any previous beneficiary designations for this benefit and becomes effective upon receipt by PSRS.

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