



To Whom It May Concern,

The designation made with this form applies after your effective retirement date if you chose one of the Term-Certain benefit plans.

You may name any individual or legal entity as your beneficiary and you can change your designation at any time. You may name only one beneficiary per line. After your death, any payments due are made to your primary beneficiary. If your primary beneficiary dies, payments due are then made to your first contingent beneficiary, and so on.

If you name a trust or your estate, it must remain open until the expiration of the term.

PSRS will acknowledge your change in 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

Enclosure



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.psr-peers.org

POST-RETIREMENT BENEFICIARY DESIGNATION FOR THE TERM-CERTAIN PLANS

Instructions:

- Review the information on the reverse side before completing this form. Return the completed form to the Public School Retirement System of Missouri (PSRS) 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 (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 any benefits due at my death to the primary beneficiary named below. Payments to the first or second contingent beneficiaries are only made if the preceding beneficiary is deceased. I reserve the right to change my beneficiary designation by filing a new *Post-Retirement Beneficiary Designation for the Term-Certain Plans* with PSRS.

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 I understand that *this beneficiary designation supersedes and renders void any previous beneficiary designations* and becomes effective upon receipt in the PSRS office.

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