



To Whom It May Concern,

The Public Education Employee Retirement System of Missouri (PEERS) provides valuable protection to your beneficiaries if your death occurs prior to retirement.

This form establishes your beneficiary designation with PEERS prior to your retirement. It must be properly completed and on file with PEERS in order to be effective.

Please read the brochure, *Protecting Those You Care About*, before completing this form. This brochure provides information to assist you in making an informed decision with regard to your beneficiaries, such as survivor benefits, naming joint or multiple beneficiaries, and how your beneficiaries are determined by Missouri law when your designation is voided due to a change in life status (marriage, divorce, birth or adoption of a child).

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.

Be proactive in updating your beneficiary designation and provide complete information to help ensure any benefit payable at your death is distributed in accordance with your wishes. PEERS will acknowledge receipt of this form. You may also view your beneficiary designation on the PEERS website, [www.psr-peers.org](http://www.psr-peers.org).

If you have questions about designating beneficiaries or how to complete this form, we recommend speaking with a PEERS specialist by calling **(800) 392-6848**.

Sincerely,

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

Jana Taylor  
Information and Records Management 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.psr-peers.org

# PRE-RETIREMENT BENEFICIARY DESIGNATION

**Instructions:**

- Review the brochure, *Protecting Those You Care About*, and the information on the reverse 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 with your original signature.
- Keep a copy for your records.

## SECTION A MEMBER INFORMATION

|   |  |             |                      |           |                      |
|---|--|-------------|----------------------|-----------|----------------------|
| First Name  |  | Middle Name |                      | Last Name |                      |
| Account ID (or Last Four Digits of Your Social Security Number) |  |             | Member ID (if known) |           | Telephone<br>(     ) |
| 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 beneficiary would only be made if the preceding beneficiary is deceased. I reserve the right to change my beneficiary by filing a new *Pre-Retirement Beneficiary Designation* form. *This designation supersedes and renders void my previous 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 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 in accordance with Missouri law.

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