

STATE OF NEW JERSEY

DIVISION OF PENSIONS AND BENEFITS - DESIGNATION OF BENEFICIARY

(Please read and follow the instructions on the back of this form)

1. Pension System: (Check one) PERS TPAF PFRS SPRS JRS ABP CPFPF POPF

2. Print Your Full Name: _____ 3. Birthdate: ____/____/____

4. Social Security or Membership/Retirement Number: _____

5. GROUP LIFE INSURANCE (Active and Retired - If applicable)

Primary Beneficiary(ies)

| Beneficiary Name | Relationship | Birth Date | SS# (Optional) |
|------------------|--------------|------------|----------------|
| 1. _____ | _____ | _____ | _____ |
| Address _____ | | | |
| 2. _____ | _____ | _____ | _____ |
| Address _____ | | | |
| 3. _____ | _____ | _____ | _____ |
| Address _____ | | | |

Contingent Beneficiary(ies) - If primary beneficiary is not living at my death; payment is to be made to:

| Beneficiary Name | Relationship | Birth Date | SS# (Optional) |
|------------------|--------------|------------|----------------|
| 1. _____ | _____ | _____ | _____ |
| Address _____ | | | |
| 2. _____ | _____ | _____ | _____ |
| Address _____ | | | |
| 3. _____ | _____ | _____ | _____ |
| Address _____ | | | |

6. PENSION BENEFIT (Active and Retired)

Primary Beneficiary(ies)

| Beneficiary Name | Relationship | Birth Date | SS# (Optional) |
|------------------|--------------|------------|----------------|
| 1. _____ | _____ | _____ | _____ |
| Address _____ | | | |
| 2. _____ | _____ | _____ | _____ |
| Address _____ | | | |
| 3. _____ | _____ | _____ | _____ |
| Address _____ | | | |

Contingent Beneficiary(ies) - If primary beneficiary is not living at my death; payment is to be made to:

| Beneficiary Name | Relationship | Birth Date | SS# (Optional) |
|------------------|--------------|------------|----------------|
| 1. _____ | _____ | _____ | _____ |
| Address _____ | | | |
| 2. _____ | _____ | _____ | _____ |
| Address _____ | | | |
| 3. _____ | _____ | _____ | _____ |
| Address _____ | | | |

7. Signature of Member _____ Date _____

Mailing Address _____

Daytime Telephone No. (_____) _____

INSTRUCTIONS FOR COMPLETING THE DESIGNATION OF BENEFICIARY FORM

Dos and Don'ts of Beneficiary Designation

Do use proper names. Nicknames are not acceptable. When naming a married female as beneficiary, be certain the proper name is given, e.g. Mary J. Jones, not Mrs. John R. Jones.

Do use specific names. The phrase "my children" or "my grandchildren" will not be accepted. You must list each child using his or her specific name.

Do make a copy of your completed *Designation of Beneficiary* form before submitting it to the Division and periodically review it to make sure all beneficiary information is correct. It is especially important to update this information after a life event such as a birth, marriage, divorce, or death.

Don't use a *Designation of Beneficiary* form to update a beneficiary's address. A signed letter notifying us of your beneficiary's address change will suffice. Your letter will be added to our files so your beneficiary information remains current.

Do complete this form with an ink pen. Completing this form in pencil makes the form unacceptable.

Don't use "white out" or cross out names to make changes in designation. This makes the form unacceptable and a new form will be mailed to you.

Don't name the same person or persons in both the "primary" and "contingent" beneficiary sections. This makes the form unacceptable and a new form will be mailed to you.

Before submitting the *Designation of Beneficiary* form, be sure to complete the items indicated below. Failure to complete this form totally and accurately may jeopardize the payment of your benefits. For any designation not naming a specific person or a share and share alike distribution, please refer to Fact Sheet #68, *Designating a Beneficiary*.

Item 1: Indicate Your Pension System — Check the box of the pension system of which you are an active or retired member (*check one box only*)

PERS - Public Employees' Retirement System

SPRS - State Police Retirement System

TPAF - Teachers' Pension and Annuity Fund

JRS - Judicial Retirement System

PFRS - Police and Firemen's Retirement System

ABP - Alternate Benefit Program

CPPFPF - Consolidated Police and Firemen's Pension Fund

POPF - Prison Officers Pension Fund

Item 2 through 4: Member Information — **PRINT** your full name, date of birth, Social Security number, and your pension membership or retirement number.

Item 5: Nominate Your Group Life Insurance Beneficiary — **PRINT** the name of your primary beneficiary(ies) and contingent beneficiary(ies). If this section is not completed, this benefit will automatically default to your estate.

Item 6: Nominate Your Pension Beneficiary — **PRINT** the name of your primary beneficiary(ies) and contingent beneficiary(ies). If this section is not completed, this benefit will automatically default to your estate.

Item 7: All Members Must Complete the Following — **Make sure to SIGN, DATE, and INDICATE YOUR ADDRESS and DAYTIME TELEPHONE NUMBER** on the form. On any additional sheets used to specify beneficiary information be sure to include your signature and date on the sheet, and print your name, address, daytime telephone number and Social Security number. Mail your completed form to:

**Beneficiary Services
Division of Pensions and Benefits
PO Box 295
Trenton, NJ 08625-0295**

If you have any questions on how to complete your *Designation of Beneficiary* form: Write to the Division of Pensions and Benefits, PO Box 295, Trenton NJ 08625-0295, send an e-mail to pensions.nj@treas.state.nj.us or call the Division's Office of Client Services at (609) 292-7524.