

PERS recommends that you download the latest version of Adobe Reader (Version 9.4) to view and print the application.

Step-by-step instructions for each section of the application will appear on the black pages when you click on a section header or highlighted information within a section.

These step-by-step instructions are also provided at the end of the application if you would like to print them.

DIRECTIONS TO AVOID PRINTING THE BLACK PAGES

If you are not using Adobe Reader 9.4, you could have difficulties when printing your application.

Adobe Reader 9.4 printing instructions

Select the "Print Form" button on the last page of the application.

The print menu will appear. Make sure "Pages" is checked under "Print Range" and a page range of 4, 6, if you are completing the Married Member Application and 8, 10 for the Single Member Application is in the window. "Subset" (directly under "Pages") should show "All pages in range."

Click "OK" to print your application. The black pages and instruction pages will NOT print.

To print a hard copy of the application instruction pages you will need to return to the print menu and change the print range to show pages 11-12. Do not change the subset.

Click "OK."

Adobe Reader 4, 5, 6, or 7 printing instructions

Select the "Print Form" button on the last page of the application.

The print menu will appear. Select "Pages," under "Print Range" and enter print page 4 to 6 for the Married Member Application and 8 to 10 for the Single Member Application. Go to "Subset" (directly under "Pages") and change the drop down to "Even pages only".

Click "OK" to print your application. The black pages will NOT print.

To print a hard copy of the application instruction pages you will need to return to the print menu and change the print range to show pages 11 to 12. Change the "Subset" to "All pages in range".

Click "OK."

If you choose "Print" without following the directions above, the entire application will print including the black instruction pages.

IAP: Pre-Retirement Designation of Beneficiary Packet

Important: Read instructions before you complete and submit the enclosed forms.

You must fill out a beneficiary form for the Individual Account Program (IAP) even if you have a PERS Tier One or Tier Two Pre-Retirement Beneficiary Designation form on file. If you do not, your IAP benefits might be paid to someone other than your preference.

Determining which form to complete

If you are married, you must fill out the IAP Pre-Retirement Designation of Beneficiary: [Married Applicant](#) form. If you are single, you must fill out the IAP Pre-Retirement Designation of Beneficiary: [Single Applicant](#) form.

General instructions

- Type or print clearly in dark ink. Illegible forms may be returned to you, which could delay your request.
- Do not change anything on the form; alterations will void the form.
- Make sure any form requiring a notary is notarized.
- Fill out only the form that applies to your situation.

Things to consider

- **If applicable, it is important that you file a Designation of Beneficiary form with PERS for each Tier One/Tier Two and/or IAP account.** If you die before retirement and there is no designation of beneficiary on file, distribution will be made in accordance with statute. Forms for all programs can be found on the PERS website at <http://oregon.gov/pers>.
- **If you fail to submit a Designation of Beneficiary form,** the order of distribution is per statute: your spouse, surviving children, and estate. This designation creates a chain of beneficiaries that automatically allows for future marriages, divorces, births, deaths, or adoptions within your family, as established by Oregon law.
- If you elect the specific designation of beneficiary, you may designate as many beneficiaries as you like and the percentage of the account distributed to each. You may also choose a charity, an estate, or a trust.

Information for married members

- If you are married, your account(s) must be paid to your spouse unless your spouse consents to a change of beneficiary.
- Your spouse must sign a notarized consent if you designate a beneficiary other than him/herself.
- Spousal consent can be revoked up to the time of your death. To revoke spousal consent, you must complete and submit the [Revocation of Spousal Beneficiary Designation](#). You will find this form on the PERS website (<http://oregon.gov/pers>), or contact PERS Customer Service at 503-598-7377 or toll free at 888-320-7377. Once PERS accepts and approves the revocation form, your spouse will be considered the beneficiary until and unless you file another valid change of beneficiary with PERS.
- If your spouse is named as beneficiary and you get divorced, your spouse will be deemed as having predeceased you.
- In the event of your death, any pre-retirement death benefit will be paid to the designated beneficiary indicated on the most recent valid Designation of Beneficiary form PERS has on file.

Important: If you have a complex beneficiary situation, you might want to consult an estate planning attorney.



IAP Pre-Retirement Designation of Beneficiary: Married Applicant

This form is strictly for the IAP. Call PERS or visit our website if this is not the form you need.

Section A: Applicant information (Type or print clearly in dark ink. Illegible forms may be returned to you, which could delay your request.)

First name	MI	Last name	PERS number (optional)
Mailing address (street or PO box)			Social Security number*
City	State	Zip	Country
			Phone number

Section B: Spousal designation (Do not fill this out if you completed Section C.)

A married applicant's account(s) must be paid to the spouse unless the spouse consents to a change of beneficiary. Notarized spousal consent is required to designate a beneficiary other than the spouse.

Acknowledgement box: I acknowledge my beneficiary is my spouse. (If this box is checked, your spouse's signature is not needed.)

Spouse's name (required): _____

Section C: Specific beneficiary designation (Do not fill this out if you completed Section B.)

Consent box: My spouse consents to the following specific beneficiary designations. (See page 6 for complete instructions.)

If you have additional primary or alternate beneficiaries, please provide them on an attached sheet of paper labeled "Additional beneficiary information." Include your full name and PERS number on the attachment.

Specific beneficiary	Date of birth (optional)	Relationship (optional)**	Percentage	
#1 Primary beneficiary name (if living; otherwise, to #1 alternate)	(mm/dd/yyyy)		<div style="border: 1px solid black; padding: 5px;"> NOTE The total of the percentages you enter for #1 alternate beneficiaries must equal the percentage you entered for #1 primary beneficiary. </div> %	
#1a Alternate beneficiary name (if primary beneficiary is deceased)	(mm/dd/yyyy)			%
#1b Alternate beneficiary name (if primary beneficiary is deceased)	(mm/dd/yyyy)			%
#2 Primary beneficiary name (if living; otherwise, to #2 alternate)	(mm/dd/yyyy)		<div style="border: 1px solid black; padding: 5px;"> NOTE The total of the percentages you enter for #2 alternate beneficiaries must equal the percentage you entered for #2 primary beneficiary. </div> %	
#2a Alternate beneficiary name (if primary beneficiary is deceased)	(mm/dd/yyyy)			%
#2b Alternate beneficiary name (if primary beneficiary is deceased)	(mm/dd/yyyy)			%

If any of the primary beneficiaries named above predecease me and I have not named an alternate beneficiary, I want the portion of my benefit that was designated to that beneficiary to be shared equally among the remaining primary beneficiaries living at the time of my death.

Section D: Charity designation

I designate the following charity as my beneficiary.

My spouse consents to the following beneficiary designation:
 Indicate percentage amount to be designated. _____%

Name: _____

Address: _____

Name: _____ SSN/PERS number: _____

Section E: Estate designation

- I designate my estate as my beneficiary.
- My spouse consents to the following beneficiary designation:

Name of personal representative: _____

Address of personal representative: _____
City/PO box State Zip

Section F: Trust designation

- I designate a trust as my beneficiary.
- My spouse consents to the following beneficiary designation:

Legal name of trust (e.g., The Sara Smith Living Trust) _____

Address of trustee: _____
City/PO box State Zip

Date trust established: _____

Section G: Spousal consent, signature, and notary (Spouse's signature must be notarized in box below.)

I hereby consent to the designation of beneficiary(ies) named in section C, D, E, or F.

 _____
Spouse signature (do not print) Date

Print signature

Notary Public Use space for seal	<i>State of</i>	<i>County of</i>
	<i>Spouse signed before me on:</i>	
	<i>Spouse's name</i>	
	<i>By (notary's signature)</i>	
	<i>My commission expires</i>	

Section H: Applicant statement (required)

I hereby revoke any and all previous beneficiary designations for my IAP account.
(Notarization not necessary.)

 _____
Applicant signature (do not print) Date

Print signature

Office use only	
<input type="checkbox"/> PERS <input type="checkbox"/> OPSRP <input checked="" type="checkbox"/> IAP	
<input type="checkbox"/> Member <input type="checkbox"/> Alternate payee <input type="checkbox"/> Cross reference member SSN	

*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it could take PERS staff longer to process your form.

**This information helps PERS locate the people you designate. If you specifically designate a charity or organization, please provide the address underneath the name of the charity or organization.

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by phoning 503-598-7377, toll free 888-320-7377, or TTY 503-603-7766.



IAP Pre-Retirement Designation of Beneficiary: Single Applicant

This form is strictly for the IAP. Call PERS or visit our website if this is not the form you need.

Section A: Applicant information (Type or print clearly in dark ink. Illegible forms may be returned to you. This could delay your request.)

First name	MI	Last name	PERS number (optional)
Mailing address (street or PO box)			Social Security number*
City	State	Zip	Country
			Phone number

Section B: Beneficiary designation (Refer to instructions for explanation of beneficiary options)

- I would like to use the **standard designation**.
- I would like to use a **specific beneficiary**. If you choose this option, select from the list below.
 - I want to designate a **specific person or persons** as my beneficiary.
 - I want to designate a **person or persons and a charity** as my beneficiaries. (Fill out Section C and Section D.)
Percentages must equal 100 percent.
 - I want to designate a **charity** as my beneficiary. (Fill out Section D.)
 - I want to designate my **estate** as my beneficiary. (Fill out Section E.) Estates must receive 100 percent of the designation.
 - I want to designate a **trust** as my beneficiary (Fill out Section F.) Trusts must receive 100 percent of the designation.

Section C: Specific beneficiary designation (Do not fill this out if you chose the standard beneficiary designation.)

Specific beneficiary	Date of birth (optional)	Relationship (optional)**	Percentage	
#1 Primary beneficiary name (if living; otherwise, to #1 alternate)	(mm/dd/yyyy)		<div style="border: 1px solid black; padding: 5px;"> NOTE The total of the percentages you enter for #1 alternate beneficiaries must equal the percentage you entered for #1 primary beneficiary. </div> %	
#1a Alternate beneficiary name (if primary beneficiary is deceased)	(mm/dd/yyyy)			%
#1b Alternate beneficiary name (if primary beneficiary is deceased)	(mm/dd/yyyy)			%
#2 Primary beneficiary name (if living; otherwise, to #2 alternate)	(mm/dd/yyyy)		<div style="border: 1px solid black; padding: 5px;"> NOTE The total of the percentages you enter for #2 alternate beneficiaries must equal the percentage you entered for #2 primary beneficiary. </div> %	
#2a Alternate beneficiary name (if primary beneficiary is deceased)	(mm/dd/yyyy)			%
#2b Alternate beneficiary name (if primary beneficiary is deceased)	(mm/dd/yyyy)			%

- If any of the above named primary beneficiaries predecease me and I have not named an alternate beneficiary, I want the portion of my benefit that was designated to that beneficiary to be shared equally among the remaining primary beneficiaries living at my death.

If you have additional primary or alternate beneficiaries, please provide them on an attached sheet of paper labeled “Additional beneficiary information.” Include your full name and PERS number on the attachment.

Instructions for married applicants

Use the **IAP Pre-Retirement Designation of Beneficiary: Married Applicant** form if you are married.

Section A: Applicant information

- Fill in the member information section completely.
- Fill in the personal information block completely.
- Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form.
- If you do not know your PERS number, leave the space provided blank.
- We advise you to provide your phone number so we can reach you with information or questions about your form. If you prefer not to be contacted by phone, leave that field blank.

Section B: Spousal designation

- Your beneficiary must be your spouse unless your spouse consents to another beneficiary. Check the **acknowledgement box** if your spouse is your beneficiary.
- You must fill in your spouse's name. Use his/her **full given name** (e.g., Mary A. Jenkins, not Mrs. Robert Jenkins). An application without your spouse's name will be returned to you.
- If your designated beneficiary predeceases you, any IAP death benefits that might be due and payable will be distributed in accordance with statute.
- Your spouse must sign and date the application in front of a notary if Section C, D, E, or F is completed.
- Sign and date the applicant statement at the bottom of page 3, and mail the form to PERS.

Section C: Specific beneficiary designation

Do not complete this option if your spouse is your beneficiary and you have completed Section B.

- If your spouse consents to another beneficiary, check the **consent box** in this section.
- Fill in your beneficiary designations in the space provided. Make sure you fill out this section completely. If you choose more than one beneficiary, you must include the percentage of your account you want to go to each beneficiary.
- If you use percentages when designating specific beneficiaries, you must name an alternate beneficiary for each beneficiary.
- Use **full given names** (e.g., Mary A. Jenkins, not Mrs. Robert Jenkins).

Example (sample of information a member would enter is in bold italics):

Specific beneficiary	Date of birth (optional)*	Relationship (optional)*	Percentage	
#1 Primary beneficiary name (if living; otherwise, to # 1 alternate) Mary Ann Jenkins	(mm/dd/yyyy) 06/01/1957	Sister	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">NOTE</p> <p>The total of the percentages you enter for #1 alternate beneficiaries must equal the percentage you entered for #1 primary beneficiary.</p> </div>	
#1a Alternate beneficiary name (if primary beneficiary is deceased) Susie Jenkins	(mm/dd/yyyy) 04/04/1987	Niece		25%
#1b Alternate beneficiary name (if primary beneficiary is deceased) Jordan Jenkins	(mm/dd/yyyy) 12/22/1990	Nephew		25 %
#2 Primary beneficiary name (if living; otherwise, to # 2 alternate) Arnold McMillan	(mm/dd/yyyy) 06/01/1960	Brother	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">NOTE</p> <p>The total of the percentages you enter for #2 alternate beneficiaries must equal the percentage you entered for #2 primary beneficiary.</p> </div>	
#2a Alternate beneficiary name (if primary beneficiary is deceased) Anna Marie McMillan	(mm/dd/yyyy) 05/12/1993	Niece		30%
#2b Alternate beneficiary name (if primary beneficiary is deceased) Lora McMillan	(mm/dd/yyyy) 05/12/1985	Step-niece		20%

Section D: Charity designation

Check the box to indicate that you want to designate a charity as your beneficiary. Enter the name and address for the charity in the space provided. Your spouse must consent to this designation. Check the **consent box** in this section.

Section E: Estate designation

Check the box to indicate that you want to designate your estate as the beneficiary. Your spouse must consent to this designation. Check the **consent box** in this section. Enter the name of the personal representative or your estate and the address in the spaces provided.

Section F: Trust designation

Check the box to indicate that you want to designate a trust as the beneficiary. Your spouse must consent to this designation. Check the **consent box** in this section. Enter the legal name of the trust, the address, and the date the trust was established in the spaces provided.

Section G: Spousal consent, signature, and notary

If your spouse has consented to another beneficiary and you have completed Section C, D, E, or F, your spouse must sign the form in front of a notary.

Section H: Applicant statement (required)

Your signature is required. Sign and date in the space provided.

Instructions for single applicants

Use the IAP Pre-Retirement Designation of Beneficiary: Single Applicant form if you are single.

Section A: Applicant information

- Fill in the member information section completely.
- Fill in the personal information block completely.
- Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form.
- If you do not know your PERS number, leave the space provided blank.
- We advise you to provide your phone number so we can reach you with information or questions about your form. If you prefer not to be contacted by phone, leave that field blank.

Section B: Beneficiary option

Check **either** the statutory beneficiary designation **OR** the specific beneficiary designation, charity designation, estate designation, or trust designation.

- If you check the **statutory designation box**, sign and date the statement on [page 5](#), and mail the form to PERS. (See [page 1](#), under Things to Consider, for the order of beneficiaries.)
- If you check the **specific beneficiary designation box**, the **charity designation box**, the **estate designation box**, or the **trust designation box**, fill in your beneficiary designation(s) in the section provided.

Section C: Specific beneficiary designation

Complete this section if you are naming specific beneficiaries. Include the beneficiary's name, his/her date of birth*, his/her relationship to you*, and the percentage you would like to go to him/her. You can also name an alternate beneficiary to whom your benefit would be paid in the event the beneficiary predeceases you. (For an example, see instructions on page 2 under Instructions for Married Applicant, Section C.)

Section D: Charity designation

Check the box to indicate that you want to designate a charity as your beneficiary. Enter the name and address for the charity in the space provided.

Section E: Estate designation

Check the box to indicate you want to designate your estate as the beneficiary. Enter the name of the personal representative and his or her address in the spaces provided.

Section F: Trust designation

Check the box to indicate that you want to designate your trust as the beneficiary. Enter the legal name of the trust, the address of the trustee, and the date the trust was established in the spaces provided.

Section G: Applicant statement (required)

Your signature is required. Sign and date in the space provided.

*This information helps PERS locate the people you designate. If you specifically designate a charity or organization, please provide the address underneath the name of the charity or organization.