



46 State House Station
 Augusta, ME 04333-0046
 Telephone: (207) 512-3100
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DESIGNATION OF BENEFICIARY PRE-RETIREMENT DEATH BENEFITS

State
 PLD
 Teacher
 Other

Please see reverse for important information regarding your designation.

EMPLOYEE

Social Security Number: - - Sex: M F Date of Birth: _____

Name: _____
 Last First Middle

Mailing Address: _____
 Street or Box Number City/Town State Zip Code

Employer Code: _____ Employer Name: _____ Dept. _____

DESIGNATION OF BENEFICIARY - PRIMARY

Name(s) of Primary Beneficiary(ies)	Address with Zip Code	Social Security Number	Date of Birth	Relationship

DESIGNATION OF BENEFICIARY - CONTINGENT

Name(s) of Contingent Beneficiary(ies)	Address with Zip Code	Social Security Number	Date of Birth	Relationship

Note: Contingent beneficiaries will be paid only if primary beneficiaries pre-decease you.

I, the undersigned member of the Maine Public Employees Retirement System, acknowledge that I have read the information for Pre-Retirement Death Benefits, (Form #CL-0722-A), which explains pre-retirement death benefits, and hereby designate the above as my beneficiary(ies).

_____ _____ _____
 EMPLOYEE SIGNATURE SIGNATURE OF WITNESS DATE
 (CANNOT BE A DESIGNATED BENEFICIARY)

PLEASE RETAIN A COPY FOR YOUR RECORDS.

INSTRUCTIONS

THE DESIGNATION OF BENEFICIARY PRE-RETIREMENT DEATH BENEFITS FORM

1. The Primary Beneficiary(ies) you name will receive your retirement benefit if living at the time of your death. If the Primary Beneficiary(ies) are deceased at the time of your death, the Contingent Beneficiary(ies) you name will receive the benefit.
2. The Signature of Witness, Employee Signature, and Date must be completed in order for this form to be legally binding. The witness cannot be a designated beneficiary.
3. When a beneficiary is not related, state the relationship as "non-relative."
4. If you need more room, attach additional sheets, specify the type(s) of beneficiary(ies) you are naming, and include all requested information. Each additional sheet must be signed, witnessed, and dated in order to be legally binding.
5. Your Designation of Beneficiary form will be considered invalid and returned to you if:
 - you do not sign and date the form
 - you do not have your signature witnessed by a disinterested party
 - the form has been altered or is not legible
 - the form references another document or contains "and/or" or "or" in the designation
 - the designation lists only the first names of the beneficiaries
6. You have the right to change your beneficiary designation(s) at any time, without the consent of any person, by filing a new Designation of Beneficiary form. At your death, your retirement benefit will go to the beneficiary(ies) named on your most recent Designation of Beneficiary form if the signed, witnessed, and dated form was postmarked before your death.
7. If completing Membership Application and Beneficiary form, return completed forms to your Employer.

If completing Beneficiary form only,
mail the completed form to:

Maine Public Employees Retirement System
Attn: Survivor Services
46 State House Station
Augusta, ME 04333