



SURVIVOR BENEFICIARY DESIGNATION

Member Information

Name Change ☐ Yes ☐ No If Yes, Former Name: _____

Name: _____ Birth Date: _____ Email: _____

Address: _____

Employer: _____ Job Title: _____

Family Beneficiary Information. A spouse/registered domestic partner is the member's primary beneficiary under NRS 286.674 and may be eligible to receive a lifetime benefit in the event of the member's death prior to retirement. If a monthly benefit is not available, the spouse/registered domestic partner may be eligible to receive a one-time lump-sum payment of any existing member contributions in the System. Children under age 18 may be eligible to receive a limited benefit.

Name of Spouse or Registered Domestic Partner: _____ Birth Date: _____

List all unmarried children (biological or legally adopted) under age 18. (Attach separate sheet if necessary.)

Name: _____ Birth Date: _____ ☐ M ☐ F

Name: _____ Birth Date: _____ ☐ M ☐ F

Name: _____ Birth Date: _____ ☐ M ☐ F

Survivor Beneficiary Designation. All members should list one person as the Survivor Beneficiary (not a spouse or registered domestic partner, trust or charitable organization) to receive a lifetime benefit in the event of a nonmarried member's death or the member and the spouse/registered domestic partner's simultaneous death prior to retirement. Additional Payees may be designated to split the payment with the Survivor Beneficiary by percentage. Monthly payments to Additional Payees stop upon the death of the Survivor Beneficiary. If a monthly payment is not available and no spouse/registered domestic partner exists, then the Survivor Beneficiary and Additional Payees may be eligible to split, by percentage designated, a one-time, lump-sum payment of any existing member contributions in the System.

Survivor Beneficiary: (If you do not wish to designate a Survivor Beneficiary/Additional Payees, indicate NONE.)

Name: _____ Birth Date: _____ ☐ M ☐ F
Address: _____ City, State, Zip: _____

Percent*

Additional Payees: (Attach separate sheet, if necessary)

Name: _____ Birth Date: _____ ☐ M ☐ F
Address: _____ City, State, Zip: _____

Percent*

Name: _____ Birth Date: _____ ☐ M ☐ F
Address: _____ City, State, Zip: _____

Percent*

Name: _____ Birth Date: _____ ☐ M ☐ F
Address: _____ City, State, Zip: _____

Percent*

*Survivor Beneficiary & Additional Payee percentages must be whole numbers and total 100% when added together

TOTAL PERCENTAGES FOR SURVIVOR BENEFICIARY + ALL ADDITIONAL PAYEES = Total %

Tertiary Beneficiary Designation. The tertiary beneficiary may be eligible to receive a one-time lump-sum payment of any existing member contributions in the System when there is no spouse or registered domestic partner and no Survivor Beneficiary/Additional Payee designated or living and no minor children/student payments are being made by the System. If more than one person is listed, the payment will be split equally unless otherwise stated by the member. Attach a separate sheet if necessary.

Name: _____ Birth Date: _____ ☐ M ☐ F

Address: _____ City, State, Zip: _____

Name: _____ Birth Date: _____ ☐ M ☐ F

Address: _____ City, State, Zip: _____

I understand the information designated on this form supersedes all prior beneficiary designations I have submitted on other forms, and this information only affects records with the Public Employees' Retirement System. (Original signature required below)

Member Signature: _____

Date: _____

For PERS Use - Date Received