



Tier One or Tier Two Pre-Retirement Beneficiary Designation

Section A: Member information

First name	MI	Last name	PERS number (optional)
Mailing address (street or PO box)		Country	Social Security number*
City	State	Zip	Date of birth (mm/dd/yyyy)

Section B: Beneficiary designation (Select only one.) Required

- I would like to use the standard designation. (You have now completed your designation. Please sign and date Section D.)
- I designate a specific person(s) and/or charity(ies) as my beneficiary(ies). Complete Section C.
- I designate my estate as my beneficiary (100% designation). Complete the fields below and Section D.

Name of personal representative			
Address	City	State	Zip

- I designate my trust as my beneficiary (100% designation). Complete the fields below and Section D.

Legal name of trust (e.g., the Sara Smith living Trust)			
Address	City	State	Zip

Section C: Specific beneficiary designation

How many primary beneficiaries do you want to designate? _____

If you have more than three primary beneficiaries or additional alternative beneficiaries for your primary beneficiaries, please provide them on an attached sheet of paper labeled “Additional beneficiary information.” Include your full name and PERS number on the attachment. The **total** of the percentages you enter for alternative beneficiaries must equal the percentages you entered for the total entered for that primary beneficiary.

Specific beneficiary #1						
Primary beneficiary (If living, otherwise, to #1 alternate beneficiary(ies).)						
#1	Name of person or charity	Social Security #	Date of birth	Relationship	Address of person or charity	Percentage
Alternate beneficiary(ies): How many alternate beneficiaries do you want to designate? _____ (Benefit will go to those named below if #1 specific beneficiary is deceased.)						
1a	Name of person or charity	Social Security #	Date of birth	Relationship	Address of person or charity	Percentage
1b	Name of person or charity	Social Security #	Date of birth	Relationship	Address of person or charity	Percentage

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

First name	MI	Last name	Social Security number
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Section C: Specific beneficiary designation (continued)

Specific beneficiary #2

Primary beneficiary (If living, otherwise, to #2 alternate beneficiary(ies).)

#2	Name of person or charity	Social Security #	Date of birth	Relationship	Address of person or charity	Percentage

Alternate beneficiary(ies): How many alternate beneficiaries do you want to designate? _____
 (Benefit will go to those named below if #2 specific beneficiary is deceased.)

2a	Name of person or charity	Social Security #	Date of birth	Relationship	Address of person or charity	Percentage
2b	Name of person or charity	Social Security #	Date of birth	Relationship	Address of person or charity	Percentage

Specific beneficiary #3

Primary beneficiary (If living, otherwise, to #3 alternate beneficiary(ies).)

#3	Name of person or charity	Social Security #	Date of birth	Relationship	Address of person or charity	Percentage

Alternate beneficiary(ies): How many alternate beneficiaries do you want to designate? _____
 (Benefit will go to those named below if #3 specific beneficiary is deceased.)

3a	Name of person or charity	Social Security #	Date of birth	Relationship	Address of person or charity	Percentage
3b	Name of person or charity	Social Security #	Date of birth	Relationship	Address of person or charity	Percentage

- 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 shared equally among the remaining primary beneficiaries living at my death.

Section D: Applicant signature

I revoke all previous Tier One/Tier Two Program beneficiary designations.

Applicant's signature ▶	Date
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Print and sign this form. This form is not valid unless you sign and date it. Incomplete forms will be returned. Mail to PERS, PO Box 23700, Tigard OR 97281-3700, or fax to 503-598-0561.