## Office: (253) 502-8200 3628 S. 35<sup>th</sup> St., Tacoma, WA 98409 P.O. Box 11007, Tacoma, WA 98411-0007 Fax: (253) 502-8660 **Beneficiary Designation Form** Active Employee Deferred Member Retiree Survivor Check one: Please print in dark ink and return completed form to the Retirement Office. Use this form to designate or change your beneficiary(ies) with the retirement system. The designated beneficiary(ies) will receive any monies due at the time of your death. **Section One: Member/Retiree/Survivor Information** Member No. First Name Middle Initial Last Name Social Security Number Mailing Address City State Zip Code Telephone Number (daytime) Telephone Number (evening) Date of Birth If you are a survivor of a retiree, please list the retiree's name and Social Security number. Retiree's Name Middle Initial Social Security Number Section Two: Beneficiary Designation - You must designate at least one primary beneficiary. Your designated primary and contingent beneficiary(ies) may be a person(s), estate, trust, or organization. When naming a person, always show given names; if a trust is named, legal documentation must be submitted with this form. Additionally, be advised when designating a minor, funds cannot be distributed until reaching age majority or legal guardianship for the minor has been provided. You may designate more than one beneficiary. For each beneficiary, check whether you wish to make that person or entity a primary or contingent beneficiary. Funds will be divided equally among all named beneficiaries unless otherwise specified or required by law. Your primary beneficiary(ies) will receive any monies in your account at the time of your death. If your primary beneficiary(ies) is (are) unable to accept the distribution, your contingent beneficiary(ies) will receive the distribution. Address **Designation** Full name of person(s) or estate (trusts below) Primary Street Relationship Social Security No. Date of Birth City State Zip Code Primary Contingent Street Relationship Social Security No. Date of Birth State Zip Code City Trust or Organization (attach documentation) Address Designation Primary Contingent Street Trustee/Administrator Tax ID No. City State Zip Code **Important:** A spousal beneficiary will be invalidated by divorce or remarriage. Any beneficiary designation will be invalidated by reestablishment of membership following withdrawal or retirement. Additional beneficiaries may be listed on the reverse side of form; check here. $\Box$ Please keep a copy of this form and review it periodically to ensure that it is still valid. Section Three: Signature – MUST complete in full. If the signature can only be made by mark, two witness signatures are required on this form. Second witness must sign on the reverse side of form, if applicable. , hereby direct that any monies related to my account, unless otherwise specified or (PRINT FULL NAME) required by law, will be paid in equal shares to any primary beneficiaries named on this form who survive me, but if none survive, such monies will be paid in equal shares to any contingent beneficiaries named on this form who survive me. I hereby certify that I have read and understand the instructions to this form and that all of the information I have entered on this form is true and complete. Submission of this document revokes any prior designations that I have made. Date Signature

(PRINT WITNESS NAME – CANNOT BE BENEFICIARY)

Signature

Street Address

Section Four: Witness – MUST be completed by a person, other than a beneficiary, who witnesses the member's signature.

am witness that the above named member completed and signed this document.

City

Date

Zip Code

## **Additional Beneficiary Designation:** Designation Full name of person(s) or estate (trusts below) Address Primary Contingent Street Relationship Social Security No. Date of Birth City State Zip Primary Contingent Street Relationship Social Security No. Date of Birth City State Zip

| Second Witness Signature, if applicable – MUST be completed by a person, other than a beneficiary, who witnesses the member's signature. |  |      |    |          |  |
|--|--|------|----|----------|--|
| , (PRINT WITNESS NAME – CANNOT BE BENEFICIARY)   | , am witness that the above named member completed and signed this document.  (PRINT WITNESS NAME – CANNOT BE BENEFICIARY) |      |    |          |  |
| Signature  |  | Date |    |          |  |
| Street Address   | City   |      | ST | Zip Code |  |

This form requests that you provide your Social Security number. Internal Revenue Code Section 6041 (A), and 6109 authorize the Tacoma Employees' Retirement System (TERS) to solicit your Social Security number.

- Disclosure of your Social Security number to TERS is mandatory.
- TERS will use your Social Security number to ensure that any amounts disbursed under your account are properly reported to the Internal Revenue Service and as a reference number for tracking all data with regard to your retirement account.
- TERS will not disclose your Social Security number to any party unless required by law