

BENEFICIARY NOMINATION

Retirement Plan (Check one) PERS MHSPRS SLRP

FOR PERS USE ONLY

Instructions: Please print or type in black ink. Original to Retirement System and copy for employer if active member. Please forward the completed form to the Public Employees' Retirement System. Complete all applicable items on this form. See reverse side for additional information.

MEMBER INFORMATION

SOCIAL SECURITY NUMBER DATE OF BIRTH (mm/dd/ccyy) / / NAME FIRST MI LAST

MEMBERSHIP STATUS (check only one)

MEMBER

I acknowledge and understand that the Board of Trustees of the Public Employees' Retirement System is authorized to pay benefits in accordance with the statutory provisions that govern the retirement system in which I am a member. To the extent permitted by such statutory provisions at the time of my death prior to retirement, I hereby designate the following beneficiary (ies) to receive the payment of my accumulated contributions and any interest relating thereto. I further acknowledge and understand that certain benefits may be required by law to be paid which may limit, partially or totally, any payment to my designated beneficiary (ies).

RETIREE

As a retiree receiving benefits under the Maximum Option, Option 1 or Option 4-B, I hereby designate the following beneficiary (ies) to receive any amounts payable thereunder by reason of my death.

BENEFICIARY INFORMATION (Please use an additional Beneficiary Nomination Form if you wish to designate more than 5 beneficiaries.)

Table with 6 columns: BENEFICIARY, RELATIONSHIP, SEX (M/F), P = Primary S = Secondary T = Tertiary, SSN, DATE OF BIRTH (mm/dd/ccyy). Includes checkboxes for P, S, T and percentage fields.

MEMBER/RETIREE AUTHORIZATION

SIGNATURE OF MEMBER/RETIREE DATE OF SIGNATURE (mm/dd/ccyy) / /

NOTARIZATION OF MEMBER'S/RETIREE'S SIGNATURE (FOR INACTIVE MEMBERS AND RETIREES ONLY)

State of County of Subscribed and sworn to (or affirmed) before me on this the day of (SEAL)

Date of Commission Expiration Notary Public

EMPLOYER CERTIFICATION (FOR ACTIVE MEMBERS ONLY)

AUTHORIZED SIGNATURE DATE OF SIGNATURE (mm/dd/ccyy) / / TELEPHONE NO (662) 915-7431

SPOUSAL WAIVER (APPLICABLE ONLY TO PERS AND SLRP MEMBERS)

This section, Spousal Waiver, is to be completed only if the member has no dependent children, and if the member desires to name a beneficiary to receive benefits in lieu of statutory spousal benefits noted above:

I hereby certify that I understand that I may be entitled to certain benefits at the death of my spouse and my right not to consent to this waiver election, and that I choose to waive the right to any and all benefits as provided by statute in the event of the death of my above named spouse and free my spouse to name a beneficiary of his or her choice. Should my spouse have dependent children at the time of his or her death, I acknowledge that this waiver will be null and void and that any survivor benefits will be paid to the spouse and/or dependent children as provided by statute.

I have executed this election this day of

Signature of Member's Spouse Spouse's Social Security Number

NOTARIZATION OF SPOUSE'S SIGNATURE

State of County of Subscribed and sworn to (or affirmed) before me on this the day of (SEAL)

Date of Commission Expiration Notary Public

PUBLIC EMPLOYEES' RETIREMENT SYSTEM BENEFICIARY NOMINATION FORM/SPOUSAL WAIVER

This form is to be used 1) to name a beneficiary to receive a refund of your accumulated contributions in the event of your death prior to retirement, or 2) to name a new beneficiary after retirement to receive any amount payable by reason of your death and the death of all beneficiaries entitled to a monthly benefit pursuant to the option selected at retirement.

This is a legal document which, after preparation, may not be altered in any way by any person. Your signature must be notarized if you are an inactive member or a retiree. A member desiring to change beneficiaries at a later date must complete a new Beneficiary Nomination Form. The properly completed form on file with the System that has the most recent date at the time of your death will take precedence.

Instructions: Complete this form by printing or typing in black ink. You may nominate a person(s), entity, trust, or your estate to receive a refund of your accumulated contributions. You must designate whether each beneficiary named is primary, secondary or third. Benefits will be paid on a survivor basis in the order you indicate. All nominations with the same designation (i.e. primary, secondary or third) will receive equal shares unless you indicate a specific percentage for each. Please complete all blanks including Social Security number and date of birth for such nominations. (If a trust is named, please submit a copy of the instrument creating the trust with this form. Include the name and address of the trustee and the tax identification number of the trust.) **Note that in the event you are not survived by any of the named beneficiaries or if you have no Beneficiary Nomination Form on file, the accumulated contributions in your account will be paid to your estate.**

NOTE: Persons nominated as beneficiaries without designation as to whether they are primary, secondary or third will be considered after those persons nominated with such designations. Two or more persons nominated without designations or percentages will receive equal shares but will only be considered in the event there are no primary, secondary or third beneficiaries able to receive benefits. **If percentages are denoted, the total must equal 100%.**

PLEASE READ CAREFULLY THESE SPECIAL NOTES APPLICABLE TO THE PLAN IN WHICH YOU PARTICIPATE

A. PUBLIC EMPLOYEES' RETIREMENT SYSTEM AND SUPPLEMENTAL LEGISLATIVE RETIREMENT SYSTEM

Effect of Marriage on Designated Beneficiary

The laws governing PERS and SLRP provide that should you marry after this designation, your lawful spouse becomes your designated beneficiary by law for a refund of accumulated contributions unless you have designated a beneficiary after the date of marriage.

Statutory Spousal and Dependent Child Benefits

In addition, if you have four (4) or more years of membership service at the time of your death, the law provides that a lawful surviving spouse to whom you have been married for at least one year and dependent children are entitled to certain monthly benefits, **irrespective of any named beneficiary to the contrary.** These payments will be made from your account first. Only after the payment of these statutory benefits will the unused accumulated contributions (if any) remaining in your account be paid to the designated beneficiary. Likewise, special monthly benefits may be available to the spouse and children of members killed in the line of duty, regardless of length of service.

Spousal Waiver

If you have four (4) or more years of membership service, and are married but have no dependent children, then your spouse may waive his or her right to receive a statutory monthly benefit. If such benefits are waived by your spouse, payment of your accumulated contributions may be made to your designated beneficiary.

B. MISSISSIPPI HIGHWAY SAFETY PATROL RETIREMENT SYSTEM

Effect of Marriage on Designated Beneficiary

The laws governing the Mississippi Highway Safety Patrol Retirement System provide that should you marry after making this designation, your lawful spouse becomes your designated beneficiary by law for a refund of accumulated contributions unless you have designated another beneficiary subsequent to the date of marriage.

Statutory Spousal and Dependent Child Benefits

If you have five (5) or more years of creditable service at the time of your death, or you are killed in the line of duty, and are survived by a spouse and dependent children, Section 25-13-1, et seq. of the Mississippi Code of 1972, as amended, provides for the payment of statutory monthly benefits to these individuals, irrespective of any named beneficiary to the contrary. Payment of statutory monthly benefits will be made first.

C. MUNICIPAL RETIREMENT SYSTEMS (CLOSED TO NEW MEMBERS)

Statutory Spousal and Dependent Benefits

If you have completed five (5) or more years of creditable service at the time of your death prior to retirement, or if you are killed in the line of duty, and are survived by a spouse and dependents, the provisions of Article 1,3 and 5 of Chapter 21, Title 29, of the Mississippi Code of 1972, as amended, provide for the payment of statutory benefits to certain dependent family members, irrespective of any named beneficiary to the contrary. **Members of a General Municipal Retirement System** may designate a beneficiary to receive a refund of contributions in the event that no statutory beneficiaries are eligible to receive monthly benefits. **Members of Municipal Firemen's and Policemen's Funds** may have a refund of accumulated contributions paid to their estate in the event there are no statutory beneficiaries eligible for monthly benefits. Payment of statutory monthly benefits will be made from your account first.