

IPERS MEMBERSHIP INFORMATION AND BENEFICIARY DESIGNATION

IPERS must maintain the following data in servicing your membership and retirement contributions. Please complete this form and return it to our office for processing. **ALL INCOMPLETE FORMS WILL BE CONSIDERED INVALID AND RETURNED.** Retired reemployed members: Please note that this designation will change your retirement beneficiary, unless you retired under option 4 (joint and survivor annuity) for which certain exceptions apply.

Employed by _____ New Member _____ Current Member _____ Retired Member _____

PLEASE PRINT IN INK OR TYPE

Your Social Security number - - as it appears on your Social Security Card.

Date of Birth (MM-DD-YY) - -

Place a in the appropriate box. Sex: Male Female

Name: First _____ MI _____ Last _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Phone: Home () _____ Work () _____

BENEFICIARY INFORMATION

As an IPERS member, you must designate a beneficiary to receive benefits which may be payable upon your death. The designation may be changed at any time by completing and filing a new form. For death benefits payable, refer to the RETIREMENT PLANNING GUIDELINES handbook which is available from IPERS.

TO BE VALID - This form MUST BE FILED WITH IPERS PRIOR TO THE DATE OF YOUR DEATH. Please refer to the reverse side of this application for suggested wording of your beneficiary(ies). Please designate your beneficiary in the space provided below. **You must specify beneficiary(ies) by name and include date of birth if a minor.**

DO NOT MAKE ERASURES OR ALTERATIONS.

TO BE VALID, ALL MEMBERS AND THEIR SPOUSES MUST SIGN AND DATE THIS FORM IN FRONT OF A DISINTERESTED WITNESS. IF YOU ARE NOT MARRIED, YOU MUST INDICATE "NONE" WHEN SPOUSE'S SIGNATURE IS REQUIRED.

MEMBER'S SIGNATURE _____ DATE ____ / ____ / ____

SIGNATURE OF WITNESS _____

(Beneficiary may not witness)

As the spouse of the above-named IPERS Member, I hereby acknowledge the beneficiary designation.

SPOUSE'S SIGNATURE (If no spouse, indicate "none.") _____ DATE ____ / ____ / ____

SIGNATURE OF WITNESS _____

(Beneficiary may not witness)

RETURN TO:
IPERS • PO BOX 9117 • DES MOINES IA 50306-9117

