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

TYPE OF BENEFICIARY

SUGGESTED WORDING

1. Member's Estate My Estate.

2. One beneficiary Anna L. Doe, wife.

3. Two beneficiaries John A. Doe, father, and Mary I. Doe, mother, equally or to the

survivor.

4. Three or more beneficiaries John A. Doe, father, Mary I. Doe, mother, and Henry J. Doe,

son, equally or to the survivors or survivor.

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Marion J. Doe, Chris G. Smith, and Charlie B. Doe, children, equally. If any of these children predeceases me, I wish that

child's share be paid to his or her children.

5. One beneficiary and one contingent Anna L. Doe, wife, if living; otherwise, Henry J. Doe, son.

beneficiary

6. One beneficiary, and two contingent Anna L. Doe, wife, if living; otherwise, Henry J. Doe, son, and

beneficiaries Alice G. Doe, daughter, equally or to the survivor.

. One beneficiary and three or more Anna L. Doe, wife, if living; otherwise, Henry J. Doe, Alice G. contingent beneficiaries Doe, and Charles B. Doe, children, equally or to the survivors

or survivor.

Pat L. Doe, spouse, if living; otherwise, Marion J. Doe, Chris G. Smith, and Charlie B. Doe, children, equally. If any of these children predeceases me, I wish that child's share be paid to

his or her children.

3. Two beneficiaries and one contingent John A. Doe, father, and Mary I. Doe, mother, equally or to the

beneficiary survivor; otherwise, Anna L. Doe, wife.

9. Two beneficiaries in unequal portions Three-quarters (3/4) of the proceeds to John A. Doe, father, if

living, and one-quarter (1/4) to Anna L. Doe, mother, if living, the share of the deceased beneficiary to be paid to the survivor,

if any.

10. Trust with individual trustees Richard Doe and John Smith, trustees, or a successor in trust

under (trust name) established (date of trust agreement).

11. Trust with corporate trustee ABC Bank & Trust Company, Des Moines, Iowa, Trustee or

successor in trust under (trust name) established (date of trust

Fax: 515-281-0053

agreement).

12. Testamentary Trust Trustee of the Mary I. Doe Trust or successor in Trust estab-

lished by the last will & testament of the member.

If you have any questions about completing this form, please contact IPERS at the address or telephone numbers listed below:

IPERS • 7401 REGISTER DRIVE • PO BOX 9117 • DES MOINES IA 50306-9117 20 Toll-free: 1-800-622-3849 Fa

E-mail: info@ipers.state.ia.us Web Site: www.state.ia.us/ipers

515-281-0020