



STATUTORY DESIGNATION OF BENEFICIARY

MEMBER INFORMATION

System: <input type="checkbox"/> MPORS <input type="checkbox"/> HPORS <input type="checkbox"/> FURS (check all systems that apply)				
Status: <input type="checkbox"/> Active/Inactive <input type="checkbox"/> Retiree/Benefit Recipient				
Last Name		First Name, MI		SSN
Date of Birth		Gender	Employing Agency	
Mailing Address				
City		State	Zip Code	
Phone Number ()		Email Address		

STATUTORY BENEFICIARY

Statutory Beneficiaries – Upon your death, your statutory beneficiary will continue receiving your monthly benefit. Your statutory beneficiary is your spouse to whom you are legally married to at the time of your death, or your dependent children.

Spouse:

Full Name	Gender	Birth Date	SSN
	<input type="checkbox"/> M <input type="checkbox"/> F		

If you have no spouse, your dependent children (under age 18 years of age, or under age 24 if attending an accredited education institution) are your beneficiaries.

Dependent Children - attach additional list if necessary:

Full Name	Gender	Birth Date	SSN	Allocation <small>Must total 100%</small>
	<input type="checkbox"/> M <input type="checkbox"/> F			%
	<input type="checkbox"/> M <input type="checkbox"/> F			%
	<input type="checkbox"/> M <input type="checkbox"/> F			%

Designated Beneficiary – You may nominate one or more designated beneficiaries to receive a lump-sum payment in the absence of any surviving spouse or dependent children. *Attach additional list if necessary.* If you designate a trust, a charitable organization, or your estate as a beneficiary, you will also need to complete the “Other Designation” section.

Full Name	Gender	Relationship	Birth Date	SSN	Allocation <small>Must total 100%</small>
	<input type="checkbox"/> M <input type="checkbox"/> F				%
	<input type="checkbox"/> M <input type="checkbox"/> F				%
	<input type="checkbox"/> M <input type="checkbox"/> F				%

Other Designation (NOTE: Any designated trust must already be in existence—this form cannot create a trust. Further, by designating a trust you verify that your trust is (1) valid under state law; (2) **irrevocable on or before your death**; and (3) for the benefit of identifiable living person(s).)

Name of Trust, Charity, or Estate	Trustee/Contact Name
Address	Tax Identification Number

REQUIRED SIGNATURES

Member Signature	Date
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