



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — BENEFICIARY SERVICES

P.O. Box 295, Trenton, NJ 08625-0295

DESIGNATION OF BENEFICIARY

Alternate Benefit Program/Defined Contribution Retirement Program

ABOUT THE DESIGNATION OF BENEFICIARY FORM

THIS FORM WILL REPLACE ALL PRIOR DESIGNATIONS OF BENEFICIARY.

The *Designation of Beneficiary* form allows a member of a New Jersey Alternate Benefit Program (ABP) or Defined Contribution Retirement Program (DCRP) to nominate a beneficiary, or beneficiaries, for benefits payable upon the death of that member. This form applies to the group life insurance for **active** and **retired** members of the ABP or DCRP.

GROUP LIFE INSURANCE

This designation is for any group life insurance benefit payable at the time of your death. Group life insurance does not apply to retirees with less than 10 years of service credit, or members who enrolled at age 60 or older and failed to prove insurability.

For more information about your retirement contributions contact your investment carrier.

PRIMARY AND CONTINGENT BENEFICIARIES

Please be sure to designate both primary and contingent beneficiaries. In the event of your death, the primary beneficiary (or beneficiaries) will receive any death benefits that are payable. The contingent beneficiary (or beneficiaries) will receive death benefits **ONLY** if all primary beneficiaries have predeceased you.

Unless otherwise stated, all beneficiaries will share and share alike. If no primary or contingent beneficiaries survive you, all death benefits will be paid to your estate.

You may nominate any of the following as your primary or contingent beneficiary:

- A person or persons;
- An institution, charity, or corporation; or
- Your estate (upon your death a court ordered surrogate certificate will be required).

If you choose a distribution of benefits other than the standard “share and share alike,” or if you are naming a **minor**, using a **trust agreement**, acting as a **power of attorney** for the member, or nominating a **civil union partner** or **domestic partner**, please refer to Fact Sheet #68, *Designating a Beneficiary*, before completing this form. You may obtain this fact sheet by visiting our website at: www.nj.gov/treasury/pensions/pdf/factsheets/fact68.pdf



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Please read and follow the instructions before completing this form

1. Contribution Program: (check one) Alternate Benefit Program Defined Contribution Program

2. Employment Status: (check one) Active Retired

3. Print Your Full Name: _____

4. Birth Date: ____/____/____ **5. Social Security Number:** _____

6. Location Name: _____

7. GROUP LIFE INSURANCE (Active and Retired)

Primary Beneficiary(ies)

	Beneficiary Name	Relationship	Social Security #	Birth Date
1.	_____	_____	_____	____/____/____
	Address _____			
2.	_____	_____	_____	____/____/____
	Address _____			
3.	_____	_____	_____	____/____/____
	Address _____			

Contingent Beneficiary(ies) - If primary beneficiary is not living at my death, payment is to be made to:

	Beneficiary Name	Relationship	Social Security #	Birth Date
1.	_____	_____	_____	____/____/____
	Address _____			
2.	_____	_____	_____	____/____/____
	Address _____			
3.	_____	_____	_____	____/____/____
	Address _____			

8. SIGNATURE OF MEMBER _____ **Date** ____/____/____

Mailing Address _____

Daytime Telephone No. (_____) _____

INSTRUCTIONS FOR COMPLETING THE DESIGNATION OF BENEFICIARY FORM

1. **Indicate Your Contribution Program** — Check the appropriate box of the contribution program of which you are a member.
2. **Indicate Your Employment Status** — Check the box to indicate if you are an active employee or retired member.
- 3 - 5. **Member Information** — **PRINT** your full name, date of birth, and full Social Security number.
6. **Location Name** — **PRINT** the name of your active or retired location.
7. **Nominate Your Group Life Insurance Beneficiary** — **PRINT** the name of your primary beneficiary(ies) and contingent beneficiary(ies). If this section is not completed, this benefit will automatically default to your estate.
8. **All members must complete the following – Make sure to sign, date and provide your address and daytime telephone number on the form.** On any additional sheets used to specify beneficiary information, please be sure to include your signature and date on the sheet, and print your name, address, daytime telephone number, and your full Social Security number.

**Alternate Benefit Program/DCRP
Division of Pensions & Benefits
P.O. Box 295
Trenton, NJ 08625-0295**

If you have any questions on how to complete your *Designation of Beneficiary* form, send an e-mail to pensions.nj@treas.nj.gov or visit www.nj.gov/treasury/pensions

DOS AND DON'TS OF BENEFICIARY DESIGNATION

Do complete this form in ink. Completing this form in pencil makes the form unacceptable.

Do use proper names. Nicknames are not acceptable. When naming a married female as beneficiary, be certain the proper name is given, e.g. Mary J. Jones, not Mrs. John R. Jones.

Do use specific names. The phrase “my children” or “my grandchildren” will not be accepted. You must list each child using his or her specific name.

Do make a copy of your completed *Designation of Beneficiary* form before submitting it to the Division and periodically review it to make sure all beneficiary information is correct. It is especially important to update this information after a life event such as a birth, marriage, divorce, or death.

Don't use a *Designation of Beneficiary* form to update a beneficiary's address. A signed letter notifying us of your beneficiary's address change will suffice. Your letter will be added to your file so your beneficiary information remains current.

Don't use “white out” or cross out names to make changes in designation. This makes the form unacceptable and a new form will be mailed to you.

Don't name the same person or persons in both the “primary” and “contingent” beneficiary sections. This makes the form unacceptable and a new form will be mailed to you.

Before submitting the *Designation of Beneficiary* form, be sure to complete **all** the items indicated above. Failure to complete this form totally and accurately may jeopardize the payment of your benefits. For any designation not naming a specific person or a share and share alike distribution, please refer to Fact Sheet #68, *Designating a Beneficiary*.