



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — BENEFICIARY SERVICES

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

RETIRED MEMBER DESIGNATION OF BENEFICIARY

For use by retired members of the following New Jersey State-administered retirement systems:

PERS — Public Employees' Retirement System

SPRS — State Police Retirement System

TPAF — Teachers' Pension and Annuity Fund

CPFPPF — Consolidated Police and Firemen's Pension Fund

PFRS — Police and Firemen's Retirement System

POPF — Prison Officers Pension Fund

The *Retired Member Designation of Beneficiary* form allows a retired member to nominate a beneficiary, or beneficiaries, for benefits payable upon the death of that retired member. This form applies to both the group life insurance and pension benefits.

The designation you provide on this form will replace all beneficiary designations previously on file. However, be advised that the New Jersey Division of Pensions & Benefits (NJDPB) has the responsibility to deny changes to beneficiary designations that may violate a court order. If a court order exists, you may be required to furnish further documentation to the NJDPB to determine whether or not we can accept your *Retired Member Designation of Beneficiary* form.

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 retired members with less than 10 years of service credit, retired members of the CPFPPF or POPF, or members who enrolled at age 60 or older and failed to prove insurability.

PENSION BENEFIT

This designation is for any pension benefits remaining at the time of your death based on the retirement system to which you belong.

For PERS and TPAF retired members, the pension benefit is based on the retirement option you selected:

- **Maximum Option Benefit** — The beneficiary or beneficiaries designated will be entitled to the pension allowance payable for the month in which you die, also known as the last check benefit.
- **Option 1 Benefit** — The beneficiary or beneficiaries designated will receive the balance of the reserve established at retirement, if any, in addition to the last check benefit. If the balance has been depleted, only the last check benefit will be payable.
- **Option A, B, C, D, 2, 3, or 4 Benefit** — The beneficiary you designated at retirement will receive a monthly pension. That beneficiary cannot be changed. That beneficiary is also entitled to the last check benefit. However, should that beneficiary predecease you, you may designate another beneficiary or beneficiaries to receive the last check benefit.

Note: If you selected Option A, B, C, or D, and your beneficiary predeceases you, please send a copy of the death certificate to our Beneficiary Services section at the address above. Upon receipt, we will begin processing your Maximum Option benefit.

For PFRS and SPRS retired members, the pension benefit is a monthly pension determined by governing statutes regarding surviving spouses, civil union partners, domestic partners, and/or minor children. If none of these relationships are applicable to you, you may designate a beneficiary or beneficiaries to receive the last check benefit.

INSTRUCTIONS

Please complete this form in ink. Forms completed in pencil are unacceptable. Before submitting the *Retired Member Designation* form, please be sure to complete the items indicated below:

Indicate your Retirement System — Check the box of the retirement system of which you are a retired member.

Provide your Member Information — Print your full name, date of birth, and full Social Security number.

Nominate your group life insurance beneficiary (if you are covered by group life insurance as a retired member) — Print the name of your primary beneficiary(ies) and contingent beneficiary(ies). If this section is not completed (and you have group life insurance coverage as a retired member), this benefit will automatically default to your estate.

Nominate your Pension Beneficiary — Print the name of your primary beneficiary(ies) and contingent beneficiary(ies). If this section is not completed and the only pension benefit payable is the last check benefit or the balance of the Option 1 reserve, this benefit will automatically default to your estate.

Signature of Member — All members must 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.

Mail your completed form to:

**New Jersey Division of Pensions & Benefits
Beneficiary Services
P.O. Box 295
Trenton, NJ 08625-0295**

Upon receipt of your *Retired Member Designation of Beneficiary* form, a rider will be issued reflecting the changes you have made regarding your beneficiary information. If you have any questions on how to complete this form, send a written letter to the address above, call our Office of Client Services at: (609) 292-7524, or send an email to: pensions.nj@treas.nj.gov

DOs & DON'Ts

Do 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;
- A trust, 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, e.g., specific percentages, or if you are designating a minor or acting as power of attorney for the retired member, please refer to the *Beneficiary Designation* Fact Sheet before completing this form. You may obtain this fact sheet by visiting our website at: www.nj.gov/treasury/pensions

Do use full, proper names. When naming a married female as beneficiary, be certain the proper name is given, e.g., Mary J. Jones, not Mrs. John R. Jones. You must list each individual using his or her specific name; such phrases as “my children,” “my living grandchild,” or “my children’s issue” will not be accepted.

Do use full Social Security numbers, dates of birth, and mailing addresses for your beneficiaries. Incomplete forms will not be accepted.

Do not send a photocopy or fax this form. Our office requires original *Retired Member Designation of Beneficiary* forms.

Do not 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 for your completion.

Do not use a *Retired Member Designation of Beneficiary* form to update a beneficiary’s address. Instead, send us a signed letter notifying us of your beneficiary’s address change. Your letter will be added to your file so your beneficiary information remains current.



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RETIRED MEMBER DESIGNATION OF BENEFICIARY

Please read and follow the instructions before completing this form.

Retirement System: (Check one) PERS TPAF PFRS SPRS CPFPPF POPF

Name: _____ **Birth Date:** ____/____/____

Social Security Number: _____

GROUP LIFE INSURANCE (if applicable)

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 _____			

PENSION BENEFIT

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 _____			

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

Mailing Address _____

Daytime Telephone Number (_____) _____

FREQUENTLY ASKED QUESTIONS

1. Q. All of my beneficiaries' information will not fit on this application. What do I do?

A. If additional space is required, an attachment sheet is acceptable, provided it is signed and dated by you. In addition to the beneficiary information, please be sure to include your name, date of birth, address, daytime telephone number and Social Security number.

2. Q. What if I leave a section blank?

A. If the Group Life Insurance section is not completed (and you have group life insurance coverage as a retired member), this benefit will automatically default to your estate. If the Pension Benefit section is left blank, your beneficiary will depend on the retirement system to which you belong (and the retirement option you selected if you are a PERS or TPAF member). However, if the only pension benefit payable is the last check benefit, and you leave the Pension Benefit section blank, this benefit will automatically default to your estate.

3. Q. Why do I have to provide my daytime telephone number?

A. We may have questions regarding the information on your *Retired Member Designation of Beneficiary* form. To expedite the designation process, contacting you by phone instead of written correspondence enables us to provide prompt and efficient service.

4. Q. I am in the process of getting divorced. How should I word my form?

A. Since each divorce case (or dissolution of a civil union) is different and can be complex, please refer to the *Divorce, Dissolution of a Civil Union, and Retirement Benefits* Fact Sheet.

5. Q. Can my power of attorney complete my *Retired Member Designation of Beneficiary* form?

A. Per statute, in order for a power of attorney to change beneficiary information, his or her power of attorney documents must specifically state this right. Further, should you wish the power of attorney to be able to nominate himself or herself as beneficiary, the power of attorney document must specifically state that right as well. Most standard power of attorney documents do not grant these rights. Before your power of attorney files a *Retired Member Designation of Beneficiary* form on your behalf, please carefully review your power of attorney documents.