



Montana Public Employee Retirement Administration
PO Box 200131 • Helena MT 59620-0131
(406) 444-3154 • Toll Free (877) 275-7372
<http://mpera.mt.gov>

DESIGNATION OF BENEFICIARY

MEMBER INFORMATION																																																											
System: <input type="checkbox"/> PERS <input type="checkbox"/> SRS <input type="checkbox"/> GWPORS <input type="checkbox"/> JRS Status: <input type="checkbox"/> Active/Inactive <input type="checkbox"/> Retiree/Benefit Recipient																																																											
Last Name		First Name		SSN																																																							
Date of Birth		Gender	Employing Agency																																																								
Mailing Address																																																											
City			State	Zip Code																																																							
Phone Number		Email Address																																																									
PRIMARY AND/OR CONTINGENT BENEFICIARY DESIGNATION																																																											
<p>Completion of this section revokes all prior beneficiary designations unless you are prohibited from changing your beneficiary by a valid temporary restraining order issued pursuant to § 40-4-121, MCA.</p> <p>If you designate a trust, a charitable organization, or your estate as a primary or contingent beneficiary, you will also need to complete the "Other Designation" section.</p> <p>Primary Beneficiary - attach additional list if necessary.</p> <table border="1"><thead><tr><th>Full Name</th><th>Gender</th><th>Relationship</th><th>Birth Date</th><th>SSN</th><th>Allocation <small>Must total 100%</small></th></tr></thead><tbody><tr><td></td><td><input type="checkbox"/> M <input type="checkbox"/> F</td><td></td><td></td><td></td><td>%</td></tr><tr><td></td><td><input type="checkbox"/> M <input type="checkbox"/> F</td><td></td><td></td><td></td><td>%</td></tr><tr><td></td><td><input type="checkbox"/> M <input type="checkbox"/> F</td><td></td><td></td><td></td><td>%</td></tr></tbody></table> <p>Contingent Beneficiary (optional) - attach additional list if necessary.</p> <p>Contingent beneficiaries receive benefits only if all listed primary beneficiaries are deceased.</p> <table border="1"><thead><tr><th>Full Name</th><th>Gender</th><th>Relationship</th><th>Birth Date</th><th>SSN</th><th>Allocation <small>Must total 100%</small></th></tr></thead><tbody><tr><td></td><td><input type="checkbox"/> M <input type="checkbox"/> F</td><td></td><td></td><td></td><td>%</td></tr><tr><td></td><td><input type="checkbox"/> M <input type="checkbox"/> F</td><td></td><td></td><td></td><td>%</td></tr><tr><td></td><td><input type="checkbox"/> M <input type="checkbox"/> F</td><td></td><td></td><td></td><td>%</td></tr></tbody></table> <p>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 it is (1) valid under state law; (2) irrevocable on or before your death; and (3) for the benefit of identifiable living person(s).)</p> <table border="1"><tr><td colspan="2">Name of Trust, Charity, or Estate</td><td>Trustee/Contact Name</td></tr><tr><td colspan="2">Address</td><td>Tax Identification Number</td></tr></table>						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				%	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				%	Name of Trust, Charity, or Estate		Trustee/Contact Name	Address		Tax Identification Number
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Member Signature				Date																																																							

This form must be filed with MPERA before any changes will take effect.