



BENEFICIARY DESIGNATION FOR PERSONS RECEIVING SURVIVOR BENEFITS

PO Box 48380 Olympia, WA 98504-8380 ♦ www.drs.wa.gov
Toll Free: 1-800-547-6657 ♦ Olympia Area: 360-664-7000 ♦ TTY: 360-586-5450

Important: Please read instructions carefully before completing this form. Submit this form directly to DRS.

Check one:	<input type="checkbox"/> Public Employees'	<input type="checkbox"/> School Employees' (non-teachers)	<input type="checkbox"/> State Patrol
<input type="checkbox"/> Judicial	<input type="checkbox"/> Teachers'	<input type="checkbox"/> Law Enforcement Officers' & Fire Fighters'	<input type="checkbox"/> Public Safety Employees'

Member/Retiree Information	
Member/Retiree Name (Last, First, Middle)	Social Security Number

Your Information	
Name (Last, First, Middle)	Social Security Number
Mailing Address	City State ZIP
Daytime Phone Number ()	E-mail Address

Beneficiary Designation* - You must designate at least one primary beneficiary; do not designate yourself. If you make a mistake, initial next to your actual designation.

Designation	Beneficiary Information	Relationship	Mailing Address
Must check one <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Full Name of Person, Estate, Trust or Organization		Mailing Address
	Social Security Number	Date of Birth	City State ZIP
Must check one <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Full Name of Person, Estate, Trust or Organization		Mailing Address
	Social Security Number	Date of Birth	City State ZIP
Must check one <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Full Name of Person, Estate, Trust or Organization		Mailing Address
	Social Security Number	Date of Birth	City State ZIP
Must check one <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Full Name of Person, Estate, Trust or Organization		Mailing Address
	Social Security Number	Date of Birth	City State ZIP

***If you are naming more than four beneficiaries please attach a separate sheet that is signed, dated and witnessed.**



Signature Required – MUST complete in full.

I, _____, (print name) direct that any monies related to my survivor benefit, unless otherwise specified or required by law, will be paid in equal shares to any primary beneficiaries named on this form who survive me, but if none survive, such monies will be paid in equal shares to any contingent beneficiaries named on this form who survive me. I hereby certify that I have read and understand the instructions to this form and that all of the information I have entered on this form is true and complete. Submission of this document revokes any prior designations that I have made.

Signature	Date
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Witness Required – MUST be completed by a person, other than a beneficiary, who witnesses the survivor's signature.

I, _____, (print witness name - **cannot be a beneficiary**) witness that the above named survivor signed this document.

Signature	Date	
Mailing Address		
City	State	ZIP

If you have insurance coverage through the Washington State Public Employees Benefits Board (PEBB), we may share your information with PEBB to better serve you.

- Department of Retirement Systems (DRS) requires that you provide your Social Security number for this form.
- DRS will use your Social Security number as a reference number and to ensure that any funds disbursed under your account are correctly reported to the IRS.
 - DRS will not disclose your Social Security number unless required by law.
 - Internal Revenue Code Sections 6041(a) and 6109 allow DRS to request your Social Security number.



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Instructions and General Information for Persons Receiving Survivor Benefits

Use this form to designate or change the person, estate, trust or organization to receive your final survivor payment at the time of your death.

If you also have your own DRS retirement plan, call us to request a *Member/Retiree Beneficiary Designation* form.

Please print in dark ink, make a copy of the completed form for your records, and return it to DRS. Do not use felt tip pens.

Before you complete the form, please note:

- This is one of the most important documents associated with your survivor account. Read and complete all sections carefully. If you have any questions, please call us at 1-800-547-6657.
- If you are receiving more than one survivor benefit, you must complete a separate form for each system.

When filling out your beneficiary designation(s):

- If you name a person, always show that individual's legal given name. For example: MARY K. DOE, not Mrs. Robert Doe.
- If you designate a trust, your trustee will be required to provide DRS with a full copy of the trust document at the time of your death.
- Please be aware that a beneficiary under the age of 18 will not be allowed to make claim until reaching legal age. A claim cannot be made on behalf of a child without court-issued Letters of Guardianship.

Signing the form:

- Another person (other than your beneficiary) must witness your signature on this document and complete the witness section.
- If your signature can only be made by mark, it must be witnessed by two individuals who sign in the witness section of the form and initial next to the mark.
- An attorney-in-fact cannot sign for you unless the Power of Attorney documents specifically grant the power to designate a beneficiary.

Submitting the form:

- Your beneficiary designation is not valid until it is fully complete, signed and received by DRS. Please submit it directly to DRS.
- If you are the Power of Attorney submitting this form you will also need to send the following:
 1. A photocopy of the Power of Attorney document that grants you the power to designate a beneficiary.
 2. Affidavit of Attorney-in-Fact completed and notarized. You can access this form from our Web site at www.drs.wa.gov under forms.