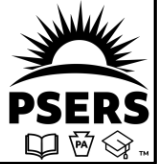


5 N 5th Street  
Harrisburg PA 17101-1905  
Toll-free: 1.888.773.7748  
[www.psers.pa.gov](http://www.psers.pa.gov)  
Fax: 717.772.3860  
PSRS-187 (07/2019)

# Nomination of Beneficiaries



**This form is to be used by all PSERS membership classes.**

Complete this form to nominate a beneficiary with the Public School Employees' Retirement System (PSERS) to distribute any amounts payable by PSERS in the event of your death. In all cases, a nominated individual must survive you by 30 days. If all individuals named as primary and secondary beneficiaries predecease you, then your estate will become the default beneficiary.

If you wish to change beneficiaries at a later date, you must submit a new designation with PSERS to revoke your prior designations. You may do so through PSERS Member Self-Service (MSS) Portal or by submitting a new form. The most recently accepted form on file with PSERS is the only form that can be used to distribute benefits regardless of your membership status at the time of your death. All earlier forms are voided.

**If you are naming more beneficiaries and/or guardians than space allows, provide the additional information on a separate sheet of paper and attach it to your form. Remember to provide all information as indicated on the form.**

### ***Details to Remember When Completing Your Beneficiary Nomination:***

- ✓ This form is a legal document that may not be altered in any way.
- ✓ If you make a mistake during completion, please complete a new form.
- ✓ You must name at least one primary beneficiary.
- ✓ You may divide the distribution of your benefit between individuals, trusts, charities, and/or your estate.
- ✓ If an individual is nominated, then the nominated individual must survive you by 30 days.
- ✓ If an individual, who is a primary beneficiary, predeceases you, then their share (percentage) will be distributed proportionally among any remaining primary beneficiaries.
- ✓ For a secondary beneficiary to receive a benefit, all named primary beneficiaries must be deceased.
- ✓ If all named beneficiaries predecease you, primary and secondary, then the benefit will be paid to your estate.
- ✓ If you name a primary and/or secondary beneficiary, who is a minor, then you should name a guardian for each minor named.
- ✓ You may change your nomination at any time by submitting a new form.
- ✓ You may choose not to display your beneficiary nomination on your annual *Statement of Account*.
- ✓ Your signature and the date you signed this form are **required**.
- ✓ This form is to be used to nominate a beneficiary for the defined benefit and the defined contribution components of PSERS regardless of membership class.
- ✓ If you are a Class T-G or Class T-H member, your nomination will apply to both the defined benefit and defined contribution components of your retirement unless you complete the attached *Nomination of Beneficiaries: Addendum for Defined Contribution (DC) Only* (PSRS-187a).

### ***What If I Need Assistance?***

Call our toll-free number, 1.888.773.7748 (1.888.PSERS4U), Harrisburg local callers 717.787.8540, between the hours of 8:00 a.m. and 5:00 p.m. to speak with a service representative.

### ***Where Should I Send My Completed Nomination?***

**Send To:** PSERS  
5 N 5th Street  
Harrisburg PA 17101-1905

### ***What Will PSERS Do After My Nomination Is Processed?***

After receipt and acceptance of your *Nomination of Beneficiaries* form, PSERS will return an acknowledgment letter for your records.

**IMPORTANT: Read all instructions carefully.**  
Forms not properly completed will not be accepted by PSERS.

<b>A</b>	<b>Member Information</b>
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**Member Name.** If incorrect, you may make the change directly on this form.

If any part of your name is changing (i.e., first, middle, or last), a photocopy of the legal document regarding your name change is required as proof.

If you are correcting the spelling of your name on record or adding onto your name for clarification purposes (e.g., adding middle name, suffix, etc), no proof is required.

**PSERS ID or Social Security Number (SSN).** Your form cannot be processed without your PSERS ID or social security number.

If your SSN is incorrect, you may make the change directly on this form. A photocopy of your social security card is required as proof of the change.

**Gender.** If incorrect, you may make the change directly on this form. Written verification explaining the reason for the change is required.

**Date of Birth.** If incorrect, you may make the change directly on this form. Enter your correct birth month, day, and year including century (e.g., 08-08-1965). A photocopy of proof of date of birth is required such as:

- Birth certificate
- Baptismal record
- Passport
- Life insurance policy listing your full date of birth
- Current driver's license
- Naturalization card
- Alien registration card

<b>B</b>	<b>Primary Beneficiary Naming One or More Individuals</b>
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Complete this section to designate one or more individuals as a primary beneficiary to receive any amount payable at the time of your death.

*If you are a Class T-G or Class T-H member, your nomination will apply to both the defined benefit (DB) and defined contribution (DC) components of your retirement unless you complete the attached Nomination of Beneficiaries: Addendum for Defined Contribution (DC) Only (PSRS-187a).*

**Percent.** Enter the percentage (e.g., 25%, 33 1/3%, 50%, etc.) of your benefit that should be distributed to each named primary beneficiary. **The total percentage of Sections B and C must equal 100%.**

**Name.** Enter the name (first, middle, last) of each primary beneficiary you wish to nominate.

**Social Security Number.** Enter the social security number for each named primary beneficiary.

**Date of Birth.** Enter the birth month, day, and year including century (e.g., 08-08-1965) for each named primary beneficiary.

**Gender.** Enter "M" for male or "F" for female for each named primary beneficiary.

**Relationship.** Enter the relationship between you and each named primary beneficiary (e.g., spouse, son, daughter, friend, etc.)

**Address.** Enter the address for each named primary beneficiary.

<b>C</b>	<b>Primary Beneficiary Naming an Estate, Trust, or Charity</b>
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Complete this section to designate your estate and/or one or more trusts or charities as primary beneficiary to receive any amount payable at the time of your death.

*If you are a Class T-G or Class T-H member, your nomination will apply to both the DB and DC components of your retirement unless you complete the attached Nomination of Beneficiaries: Addendum for Defined Contribution (DC) Only (PSRS-187a).*

**Percent.** Enter the percentage (e.g., 25%, 33 1/3%, 50%, etc.) of your benefit that should be distributed to each named estate or trust. **The total percentage of Sections B and C must equal 100%.**

**Estate, Trust, or Charity Indicator.** Indicate whether you are designating your estate, trust, or charity as a primary beneficiary by checking the appropriate box. **For an "Estate" or "Trust," no other information is required.**

**When naming a "Trust," do not submit a copy of your Trust Agreement.** Upon your death, PSERS will send a Trustee Certification that is required before making payment. If the Trust is not valid or is no longer operative, PSERS will not make payment to the Trust, but will pay the named secondary beneficiary or, if none, your estate. You should ensure that your attorney has determined that the Trust Agreement meets all legal requirements.

**Charity Name.** If you naming a "charity" as a primary beneficiary, enter the name of the designated charity.

**Contact Name.** Enter the name (first, middle, last) of the contact person for each named charity.

**Address.** Enter the address for each contact person listed for the charity.

<b>D</b>	<b>Secondary Beneficiary Naming One or More Individuals</b>
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Complete this section to designate one or more individuals as a secondary beneficiary to receive any amount payable at the time of your death and when all named primary beneficiaries predecease you.

**If you are a Class T-G or Class T-H member, your nomination will apply to both the DB and DC components of your retirement unless you complete the attached Nomination of Beneficiaries: Addendum for Defined Contribution (DC) Only (PSRS-187a).**

**Percent.** If you wish to designate your secondary beneficiaries using percentages, indicate what percentage (e.g., 25%, 33 1/3%, 50%, etc.) of your benefit that should be distributed to each named secondary beneficiary. **The total percentage of Sections D and E must equal 100%.**

**Order.** If you wish to designate your secondary beneficiaries using preferential order, indicate the order of preference in the Percent/Order columns (e.g., 1, 2, 3, etc.) **between Sections D and E.** If all primary beneficiaries predecease you, full payment will be made to the **first** secondary beneficiary. If that individual also predeceased you, full payment will be made to the **second** secondary beneficiary, and so on in preferential order.

**Name.** Enter the name (first, middle, last) of each secondary beneficiary you wish to nominate.

**Social Security Number.** Enter the social security number for each named secondary beneficiary.

**Date of Birth.** Enter the birth month, day, and year including century (e.g., 08-08-1965) for each named secondary beneficiary.

**Gender.** Enter "M" for male or "F" for female for each named secondary beneficiary.

**Relationship.** Enter the relationship between you and each named secondary beneficiary (e.g., spouse, son, daughter, friend, etc.).

**Address.** Enter the address for each named secondary beneficiary.

<b>E</b>	<b>Secondary Beneficiary Naming an Estate or Trust</b>
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Complete this section to designate your estate and/or one or more trusts or charities as a secondary beneficiary.

**If you are a Class T-G or Class T-H member, your nomination will apply to both the DB and DC components of your retirement unless you complete the attached Nomination of Beneficiaries: Addendum for Defined Contribution (DC) Only (PSRS-187a).**

As in Section D, you may designate the distribution of a benefit to secondary beneficiaries using percentages or preferential order. If you use percentages, **the total percentage of Sections D and E must equal 100%.**

If you wish to designate your secondary beneficiaries using preferential order, indicate the order of preference in the Percent/Order columns (e.g., 1, 2, 3, etc.) **between Sections D and E.**

**Estate, Trust, or Charity Indicator.** Indicate whether you are designating your estate, trust, or charity as a secondary beneficiary by checking the appropriate box. **For an "Estate" or "Trust," no other information is required.**

**When naming a "Trust," do not submit a copy of your Trust Agreement.** Upon your death, PSERS will send a Trustee Certification that is required before making payment. If the Trust is not valid or is no longer operative, PSERS will not make payment to the Trust, but will pay the named secondary beneficiary or, if none, the estate. You should ensure that your attorney has determined that the Trust Agreement meets all legal requirements.

**Charity Name.** If naming a "charity" as a secondary beneficiary, enter the name of the designated charity.

**Contact Name.** Enter the name (first, middle, last) of the contact person for each named charity.

**Address.** Enter the address for each contact person listed for the charity.

<b>F</b>	<b>Guardian Information</b>
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Complete this section to name a guardian for any named primary and/or secondary beneficiary who is currently less than 18 years of age.

If you name more than one person as a guardian for a minor beneficiary, the guardian names must be connected with "and" (e.g., John and Mary Smith); **do not use** "or" **or** "and/or" (e.g., John and/or Mary Smith, John Smith or James Jones).

**Guardian Name(s).** Enter the name (first, middle, last) of each guardian you wish to designate for each named minor.

**Address.** Enter the address for each named guardian.

**Minor Name(s).** Enter the name (first, middle, last) of each minor beneficiary for whom the guardian is named.

<b>G</b>	<b>Member Certification</b>
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**Your signature and the date you signed this form are required.** By signing this form, you are certifying that all information provided is correct and you are acknowledging that all prior *Nomination of Beneficiary* forms are void upon submission and acceptance of this form by PSERS.



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 PSRS- 187 (07/2019)

# Nomination of Beneficiaries



Mail Center

## A Member Information

Member Name	
PSERS ID or SSN	
Gender	
Date of Birth	

Former Last Name (only if used in this System)	
<input type="checkbox"/> Check here if you do not want your beneficiary to appear on your annual <i>Statement of Account</i> .	

Member Address Change		<input type="checkbox"/> Check here if new address
Apt# or Suite		
Street Address		
City		
State & Zip Code		
Daytime Phone		
Evening Phone		

## B Primary Beneficiary - Naming One or More Individuals

Complete this section to designate one or more individuals as a primary beneficiary. Indicate what percentage (e.g., 25%, 33 1/3%, 50%, etc.) of your benefit should be distributed to each named primary beneficiary in the event of your death. **The total percentage of Sections B and C must equal 100%.**

*If you are a Class T-G or Class T-H member, your nomination will apply to both the defined benefit (DB) and defined contribution (DC) components of your retirement unless you complete the attached Nomination of Beneficiaries: Addendum for Defined Contribution (DC) Only (PSRS-187a).*

Percent	Name (first, middle, last)	Social Security Number	Date of Birth (month/day/year)	Gender	Relationship	Address (street, city, state, zip code)

SSN or PSERS ID
-----------------

<b>C</b>	<b>Primary Beneficiary - Naming an Estate, Trust, or Charity</b>
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Complete this section to designate your estate and/or one or more trusts or charities as a primary beneficiary. Indicate what percentage (e.g., 25%, 33 1/3%, 50%, etc.) of your benefit should be distributed to each named estate, trust, or charity in the event of your death. **The total percentage of Sections B and C must equal 100%.**

*If you are a Class T-G or Class T-H member, your nomination will apply to both the DB and DC components of your retirement unless you complete the attached Nomination of Beneficiaries: Addendum for Defined Contribution (DC) Only.*

Percent	Indicate Estate, Trust, or Charity	Charity Name (if applicable)	Contact Name	Contact Address (street, city, state, zip code)
	<input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Charity			
	<input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Charity			
	<input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Charity			

<b>D</b>	<b>Secondary Beneficiary - Naming One or More Individuals</b>
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Complete this section to designate one or more individuals as a secondary beneficiary.

You may designate the distribution of a benefit to secondary beneficiaries in one of two ways: using percentages or preferential order.

- If you wish to designate your secondary beneficiaries using percentages, indicate in the Percent/Order column what percentage (e.g., 25%, 33 1/3%, 50%, etc.) of your benefit should be distributed to each named secondary beneficiary in the event of your death and the deaths of all named primary beneficiaries. **The total percentage of Sections D and E must equal 100%.**
- If you wish to designate your secondary beneficiaries using preferential order, indicate the order of preference in the Percent/Order column (e.g., 1, 2, 3, etc.) **between Sections D and E.** If all primary beneficiaries predecease you and you choose preferential order, full payment will be made to the **first** secondary beneficiary. If that individual also predeceases you, full payment will be made to the **second** secondary beneficiary, and so on in preferential order.

*If you are a Class T-G or Class T-H member, your nomination will apply to both the DB and DC components of your retirement unless you complete the attached Nomination of Beneficiaries: Addendum for Defined Contribution (DC) Only.*

Percent/Order	Name (first, middle, last)	Social Security Number	Date of Birth (month/day/year)	Gender	Relationship	Address (street, city, state, zip code)

SSN or PSERS ID

**E Secondary Beneficiary - Naming an Estate, Trust, or Charity**

Complete this section to designate your estate and/or one or more trusts or charities as a secondary beneficiary.

You may designate the distribution of a benefit to secondary beneficiaries in one of two ways: using percentages or preferential order.

- If you wish to designate your secondary beneficiaries using percentages, indicate in the Percent/Order column what percentage (e.g., 25%, 33 1/3%, 50%, etc.) of your benefit should be distributed to each named secondary beneficiary in the event of your death and the deaths of all named primary beneficiaries. **The total percentage of Sections D and E must equal 100%.**
- If you wish to designate your secondary beneficiaries using preferential order, indicate the order of preference in the Percent/Order column (e.g., 1, 2, 3, etc.) **between Sections D and E.** If all primary beneficiaries predecease you and you choose preferential order, full payment will be made to the **first** secondary beneficiary. If that individual also predeceases you, full payment will be made to the **second** secondary beneficiary, and so on in preferential order.

*If you are a Class T-G or Class T-H member, your nomination will apply to both the DB and DC components of your retirement unless you complete the attached Nomination of Beneficiaries: Addendum for Defined Contribution (DC) Only.*

Percent/Order	Indicate Estate, Trust, or Charity	Charity Name (if applicable)	Contact Name	Contact Address (street, city, state, zip code)
	<input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Charity			
	<input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Charity			
	<input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Charity			

**F Guardian Information**

Complete this section to name a guardian for any named primary and/or secondary beneficiary less than 18 years of age.

You may not list yourself as a guardian.

Guardian Name(s)	Address (street, city, state, zip code)	Minor Name(s)

**G Member Certification**

I certify that all statements provided on this form are accurate. I agree that any deliberate misrepresentation for the purpose of obtaining benefits is an offense punishable by law. I also agree that it is important to keep my nomination current and I acknowledge that my submission and PSERS acceptance of this form will void all prior nominations of beneficiaries.

Member Signature	Date Signed
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*If you are a Class T-G or Class T-H member, your nomination will apply to both the DB and DC components of your retirement unless you complete the attached Nomination of Beneficiaries: Addendum for Defined Contribution (DC) Only form.*





