



Enrollment/Beneficiary Designation



Please print in dark ink or type. Return this form to IPERS, P.O. Box 9117, Des Moines, IA 50306-9117.

Section 1: Member Information and Beneficiary Designation

Social security number: _____ Date of birth (mm/dd/yyyy): _____ Male Female

First name: _____ MI: _____ Last name: _____

Street address: _____ City: _____ State: _____

Zip: _____ Home phone: _____ Work phone: _____

Use the space below to designate a beneficiary to receive benefits which may be payable upon your death. For suggested wording, see the reverse side of this form. **You must specify your beneficiary(ies) by name and include date of birth if a minor. Do not make erasures or alterations.**

Section 2: Member's Signature

You and your spouse must sign and date this form **in front of a disinterested witness.**

Are you married? Yes No
(If yes, your spouse **must** sign in Section 3.)

Signature of member: _____ Date: _____

Signature of witness (Beneficiary may not act as witness.): _____

Section 3: Spouse's Signature

As the spouse of the above-named IPERS member, I hereby acknowledge this beneficiary designation.

Signature of member's spouse: _____ Date: _____

Signature of witness (Beneficiary may not act as witness.): _____

All incomplete and unclear forms will be considered invalid and returned. To be valid, this form must be filed with IPERS prior to the date of the member's death.

Retired reemployed members: Please note that this designation will also change your retirement beneficiary, unless you retired under Option 4 (Joint and Survivor Annuity), for which certain exceptions apply.

Members may change their beneficiary designation at any time prior to their retirement by completing and filing a new form. For death benefits payable to beneficiaries, refer to the Member Handbook, which is available on the IPERS Web site or from IPERS.

Suggested Wording for Your Beneficiary Designation

Beneficiary	Suggested Wording
Member's estate.	My estate.
One beneficiary.	Pat L. Doe, spouse.
Two beneficiaries.	Kim A. Green and Jamie I. Green, parents, equally or to the survivor.
Three or more beneficiaries.	Kim A. Green, parent, Jamie I. Green, parent, and Marion J. Doe, child, equally or to the survivors or survivor. Or Marion J. Doe, Chris G. Smith, and Charlie B. Doe, children, equally. If any of these children predeceases me, I wish that child's share be paid to his or her children.
One beneficiary and one contingent beneficiary.	Pat L. Doe, spouse, if living; otherwise, Marion J. Doe, child.
One beneficiary and two contingent beneficiaries.	Pat L. Doe, spouse, if living; otherwise, Marion J. Doe and Chris G. Doe, children, equally or to the survivor.
One beneficiary and three or more contingent beneficiaries.	Pat L. Doe, spouse, if living; otherwise, Marion J. Doe, Chris G. Smith, and Charlie B. Doe, children, equally or to the survivors or survivor. Or Pat L. Doe, spouse, if living; otherwise, Marion J. Doe, Chris G. Smith, and Charlie B. Doe, children, equally. If any of these children predeceases me, I wish that child's share be paid to his or her children.
Two beneficiaries and one contingent beneficiary.	Kim A. Green and Jamie I. Green, parents, equally or to the survivor; otherwise, Pat L. Doe, spouse.
Two beneficiaries in unequal portions.	Three-quarters (3/4) of the proceeds to Kim A. Green, parent, if living, and one-quarter (1/4) to Jamie L. Green, parent, if living, the share of the deceased beneficiary to be paid to the survivor, if any.
Trust with individual trustees.	Shirley Jones and Danny Green, trustees, or a successor in trust under (<i>trust name</i>) established (<i>date of trust agreement</i>).
Trust with corporate trustee.	ABC Bank and Trust Company, Des Moines, Iowa, trustee or successor in trust under (<i>trust name</i>) established (<i>date of trust agreement</i>).
Testamentary trust.	Trustee of the Carol I. Doe Trust or successor in trust established by the last will and testament of the member.