

# **Beneficiary Designation**

• Use this form to designate beneficiaries to receive your PERSI Base Plan death benefits.

Memb	Member Social Security Number Member PERSI ID Number*								
						* A PERSI ID is only required for members with multiple PERSI accounts.			
Member Information									
Name – Firs	Name - First, Middle, Last								
	Street or P.O. Box								
Mailing									
Address	City				Stat	e	Zip	Code	
Daytime Ph	I one Number (include ar	ea code)	Email	Address				al Status ingle	
								ingle 🔲 Marrieu	
		P	rimary E	Beneficiary or I	Beneficiaries	5			
	Name	Social Sec Tax ID N	curity or lumber	Date of Birth	Relationship t You	to Benefit	%	Nominate a custodian under the Idaho UTMA	
							.0%	☐ Check this box and go to page 2.	
							.0%	☐ Check this box and go to page 2.	
							.0%	☐ Check this box and go to page 2.	
							.0%	☐ Check this box and go to page 2.	
		Se	condary	Beneficiary or	Beneficiario	es			
	Name	Social Sec Tax ID N	curity or	Date of Birth	Relationship t You		%	Nominate a custodian under the Idaho UTMA	
							.0%	☐ Check this box and go to page 2.	
							.0%	☐ Check this box and go to page 2.	
							.0%	☐ Check this box and go to page 2.	
						.1	.0%	Check this box and go to page 2.	
Member Acknowledgment									
I understand the instructions and information under "Notes About Designating Beneficiaries." I revoke all previous PERSI Base Plan beneficiary designations and request that any PERSI Base Plan benefits payable after my death be made as indicated herein. I may change this designation by filing a new form. This designation applies to my PERSI Base Plan account only.									
Signature						Date – mm/dd/yyyy			

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Beneficiary Designation (continued)									
Member Name – First, Middle, Last Social Security Number									
Custodian Nominations for Minor Beneficiaries under the Idaho Uniform Transfers to Minors Act									
<ul> <li>Use this section to nominate custodians and substitute custodians for minor beneficiaries under the Idaho Uniform Transfers to Minors Act. Attach a copy of this page if nominating custodians for more than 4 minor beneficiaries.</li> <li>Write the minor beneficiary's name in the top box.</li> <li>Write the custodian's name, Social Security number, address, and telephone number in the appropriate boxes. You can nominate a substitute custodian to serve in the event the nominated custodian is unable. List each minor beneficiary separately, even if you are nominating the same custodian for all minor beneficiaries.</li> </ul>									
Minor Beneficia	nry Name:								
	Custodian Information		Substitute Information						
Name:		Name:							
SSN:		SSN:							
Address:		Address:							
City, St, Zip:		City, St, Zip:							
Telephone:		Telephone:							
Minor Beneficia	nry Name:								
	Custodian Information		Substitute Information						
Name:		Name:							
SSN:		SSN:							
Address:		Address:							
City, St, Zip:		City, St, Zip:							
Telephone:		Telephone:							
Minor Beneficia	nry Name:								
Custodian Information Substitute Information									
Name:		Name:							
SSN:		SSN:							
Address:		Address:							
City, St, Zip:		City, St, Zip:							
Telephone: Telephone:									
Minor Beneficiary Name:									
Custodian Information Substitute Information									
Name:		Name:							
SSN:		SSN:							
Address:		Address:							
City, St, Zip:		City, St, Zip:							
Telephone:		Telephone:							

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#### **Instructions**

- 1 Complete the form and sign in dark ink.
- **2** If you make an error, cross out the error and initial next to the correction.
- **3** Use whole percentages only.
- **4** If more space is needed, attach an additional signed and dated sheet of paper.
- **5** If any designated beneficiary is a minor, complete page 2 if you choose to nominate an adult custodian to receive the funds for the minor. PERSI cannot pay a death benefit directly to a minor beneficiary.
- 6 Send the form to PERSI.

**Note:** The form is not valid unless signed, dated, and on file with PERSI.

#### **Types of Beneficiaries**

- **Primary beneficiary or beneficiaries**. The first person or persons to receive death benefits when you die. If you select one person only, he or she receives 100% of the benefits.
- **Secondary beneficiary or beneficiaries**. Person or persons to receive death benefits if no primary beneficiary or beneficiaries are alive when you die.
- **Default beneficiary**. If PERSI does not have a beneficiary designation on file, death benefits are paid by law to the following: (1) To your surviving spouse. (2) If you have no surviving spouse, to your estate. If you agree with this default distribution and you have not previously submitted a beneficiary designation form, you do not need to designate a beneficiary or submit this form. However, payment of death benefits could be delayed if PERSI has no designation on file.

## **Notes About Designating Beneficiaries**

- For purposes of your death benefits, the designation(s) in this form supersede all other arrangements, and will be honored regardless of those arrangements, including a last will and testament or trust document. However, death benefits are still subject to community property law.
- If your address has changed, you must submit form RS110, Member Mailing Address Change, with this form.
- This form is not valid unless signed, dated, and on file with PERSI.
- Percentages must be in whole numbers. Do **not** use partial numbers. For example, use 33% not 33%%.
- Choose your beneficiaries carefully. Your PERSI funds might be your largest financial asset.
- If you select two or more people as primary or secondary beneficiaries, indicate what percentage each is to receive (the percentages must equal 100%).
- You must list your children separately.

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- If you are designating one or more minors as beneficiary, you should specify how you want your death benefit transferred if you die before the beneficiary reaches legal age of majority. PERSI cannot disburse the money to a minor, so if you don't nominate a custodian on this form, a court may have to appoint an adult to serve as conservator of the funds. This form provides an easy and inexpensive way to transfer death benefits to a minor through the Idaho Uniform Transfers to Minors Act (UTMA). This law enables you to nominate a custodian, and substitute custodian, for your minor beneficiary, and authorizes PERSI to pay your death benefit to the custodian. To nominate a custodian for a minor beneficiary, fill out page 2 of this form.
- If you use the UTMA to nominate a custodian for your minor beneficiary, be aware that the legal age of majority under the UTMA is 21, even though the statutory age of majority in Idaho is 18. If you die before your beneficiary is 21 years of age, the money will go to and remain in the custodian's care until the beneficiary reaches age 21.
- Always provide full names (Mary Elizabeth Smith, not Mary Smith). For a married woman, use her full name (Mary Elizabeth Smith, not Mrs. Bob Smith). Include the relationship to you.
- This beneficiary designation is for PERSI Base Plan death benefit **only**. Any designations you make for a will or an insurance policy do not substitute for the PERSI beneficiary designation.
- You must submit beneficiary designations for the Choice 401(k) Plan to Empower Retirement. This form will not change your beneficiary elections for the PERSI 401(k) Plan.
- Submit a new Beneficiary Designation (RS115) to PERSI if your marital status changes.
- Complete a *Member Name Change* (RS111) if your name changes. If you are an active member, (working for a PERSI employer and making contributions) give the form to your payroll clerk. If not, send the form to PERSI.
- You can change your designations at any time by submitting a new Beneficiary Designation (RS115) to PERSI.

### Minor Children, Trusts, Wills, and Charities as Beneficiaries

- **Minor children**. To designate a minor child as a primary or secondary beneficiary, you should consider transferring the money to a custodian for the child under the provisions of the Idaho Uniform Transfers to Minors Act (UTMA). Using PERSI form RS115 page 2 meets the UTMA requirements.
- **Trusts**. If you want to designate your Living Trust, show the date of the trust agreement and the name(s) of the Trustee(s). If a bank or trust company is the Trustee, attach a separate document containing the Trustee's address. Provide PERSI with a copy of the trust's registration, if available. The trust must have a tax ID number.
- **Wills**. Write "the Executor of my Estate" or "the Administrator of my Estate" to designate your estate as beneficiary. Do not name the executor, because the executor will be appointed later by the court.
- **Charities**. You can name a specific charity as beneficiary. For more information about payment of death benefits to charities, PERSI recommends that you consult with a qualified attorney.

## Example 1

Primary Beneficiary or Beneficiaries								
Name Social Secur Tax ID Nur		Date of Birth	Relationship to You	Benefit %	Nominate a custodian under the Idaho UTMA			
Phillip Lee Thompson	000-01-0011	07-11-1937	Spouse	100. <b>0</b> %	☐ Check this box and go to page 2.			
					☐ Check this box and go to page 2.			

Secondary Beneficiary or Beneficiaries								
Name	Social Security or Tax ID Number	Date of Birth	Relationship to You	Benefit %	Nominate a custodian under the Idaho UTMA			
John Allen Smith	000-08-0025	01-09-1997	Son	80 <b>.0</b> %	☐ Check this box and go to page 2.			
Rebecca Joan Smith	000-02-0220	01-02-1958	Sister	20 <b>.0</b> %	☐ Check this box and go to page 2.			

# Example 2

Primary Beneficiary or Beneficiaries								
Name	Social Security or Tax ID Number	Date of Birth	Relationship to You	Benefit %	Nominate a custodian under the Idaho UTMA			
Sally Jones	000-03-0033	08-21-1994	Daughter	34 <b>.0</b> %	Check this box and go to page 2.			
Alice Jones	000-04-0044	11-14-1991	Daughter	33 <b>.0</b> %	Check this box and go to page 2.			
Andrew Jones	000-05-0055	02-29-1987	Son	33 <b>.0</b> %	☐ Check this box and go to page 2.			

Secondary Beneficiary or Beneficiaries								
Name	Social Security or Tax ID Number	Date of Birth	Relationship to You	Benefit %	Nominate a custodian under the Idaho UTMA			
The administrator of my estate			Estate	100. <b>0</b> %	☐ Check this box and go to page 2.			
					☐ Check this box and go to page 2.			

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