

**PART I - Member Information**

Member Full Name

Member Last Four of SSN  Member Non-work Phone

Member Non-work Email

**PART II - Designation of Primary Beneficiary(ies)**

I direct that any pension benefits that may be payable upon my death be distributed as follows. If multiple primary beneficiaries are listed and any predecease me, their share will be divided equally among the remaining primary beneficiaries.

PRIMARY BENEFICIARY 1					
Full Name		DOB		*Percentage	
Relationship		Full SSN		Gender	
Street Address		City		State	Zip
PRIMARY BENEFICIARY 2					
Full Name		DOB		*Percentage	
Relationship		Full SSN		Gender	
Street Address		City		State	Zip
PRIMARY BENEFICIARY 3					
Full Name		DOB		*Percentage	
Relationship		Full SSN		Gender	
Street Address		City		State	Zip

*\*Percentages of assigned primary beneficiaries must equal 100%*

**PART III - Designation of Contingent Beneficiary(ies)**

If there is no living primary beneficiary at my death, the full amount shall be paid to the contingent beneficiary(ies) below:

CONTINGENT BENEFICIARY 1					
Full Name		DOB		*Percentage	
Relationship		Full SSN		Gender	
Street Address		City		State	Zip
CONTINGENT BENEFICIARY 2					
Full Name		DOB		*Percentage	
Relationship		Full SSN		Gender	
Street Address		City		State	Zip
CONTINGENT BENEFICIARY 3					
Full Name		DOB		*Percentage	
Relationship		Full SSN		Gender	
Street Address		City		State	Zip

*\*Percentages of assigned contingent beneficiaries must equal 100%*

See reverse for instructions and important information

### PART IV - Designation of Guardian

For any beneficiary above who is currently under the age of 18, please provide the name, address, and telephone number of the person to serve as guardian until the beneficiary turns 18 years old. A guardian may not be named for a contingent beneficiary if he or she is also named as a primary beneficiary

#### GUARDIAN

Full Name		Phone				
Street Address		City		State		Zip

By signing, I certify that the information above reflects my wishes and that the information provided is true and accurate.

Member Signature

Date of Signature

## INSTRUCTIONS

### Who completes the form and for what purpose?

The member completes this form to identify the person, people, or organizations that should receive any outstanding pension benefits, in the event of the member's death.

### When must the form be submitted?

This form must be submitted when you become a member of the pension plan. You must resubmit the form to change the person, people, organizations, or sums allocated, or to update contact information for beneficiaries.

### Instructions for submitting the form.

- Print legibly in blue or black ink, or type in the fields and save.
- Sign and date the form.
- Retain a copy of the form for your financial files.
- Return the form via mail or email to:

**Pennsylvania Municipal Retirement System**  
P.O. Box 1165  
Harrisburg, PA 17108-1165  
ra-rsCompletedForms@pa.gov

### Key considerations.

PMRS is legally obligated to pay the beneficiaries in accordance with the most recent PMRB-2 on file. Completing this form and keeping beneficiary information up to date is the best way to ensure prompt and accurate payment according to your wishes.

Percentages under Part II, Primary Beneficiary, must equal 100% and under Part III, Contingent Beneficiary, must also equal 100%.

You may change beneficiaries at any time and as often as desired.

This form cannot be processed without a valid signature.

Forms cannot be accepted or processed after your date of death.

Without a form on file, you should not assume that PMRS will automatically pay benefits to a spouse.

By law, a divorce decree will invalidate the beneficiary designation of a former spouse if it was made prior to the divorce date. If you would like to retain a former spouse as a beneficiary, please submit a new form dated after the divorce decree.

If you would like to designate more than three beneficiaries, you must attach, sign, and date another sheet to this form that include all required beneficiary information.

If you named your spouse as a beneficiary, that person will be listed as the joint annuitant by default on benefit estimates. If a spouse was not listed as a beneficiary, you must notify PMRS to have another person listed as a joint survivor on estimates.

Depending on circumstances, there may be no remaining benefit payable at the time of your death.