

# LIFE INSURANCE DESIGNATION OF BENEFICIARY

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM SFN 53855 (Rev. 01-2014)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

NDPERS • 400 East Broadway • Suite 505 • PO Box 1657 • Bismarck • ND • 58502-1657 (701) 328-3900 or (800) 803-7377 • Fax: (701) 328-3920

PART A MEMBER INFORMATION						Policy Number: 67389-7	
Name (Last, First, Middle)  NDPERS Member ID						r ID	
Last Four Digits of Social Security Number				Date of Birth			
☐ Married ☐ Single ☐ Divorced ☐ Widowed							
Effective Date:							
PART B DESIGNATION OF BENEFICIARY							
Primary Beneficiary(ies) (If person enter: Last, First, Middle)	Relationship	Gender	Social Security Number	Birth Date	% Share	Address	
			Must E	qual 100%			
Contingent/Secondary Beneficiary(ies) (If person enter: Last, First, Middle)	Relationship	Gender	Social Security Number	Birth Date	% Share	Address	
			Must E	qual 100%			
PART C MEMBER AUTHO	RIZATION			<u> </u>			
I understand that this election revokes any previous life insurance beneficiary designations. I have read and understand the terms and conditions listed on page two (2) of this designation. I hereby certify that the information provided on this form is true and correct to the best of my knowledge.							
Member Signature	)					Date Signed	



### Part A Member Information

Enter your name, NDPERS ID number, date of birth, last four digits of your Social Security Number, marital status, and effective date of change.

# Part B Designation of Beneficiary

- 1. Use full legal name. (Example: "Anna May Smith," not Mrs. John Smith")
- 2. A member may designate contingent beneficiary (ies) who will receive benefits if the primary beneficiary (ies) predecease member.
- 3. If more than one person in a class (primary or contingent beneficiary) is named, members of that class will share equally in the benefits unless specific shares are designated. The total number of shares must equal 100 percent. The benefit will be distributed as directed by the designation. If a named beneficiary does not survive, the beneficiary's share will be distributed among any surviving beneficiaries, in the same proportion as the initial shares.
- 4. To file a death claim, a certified copy of the Death Certificate must be provided to NDPERS to process the claim.
- 5. Benefits are not paid out to minor children listed as beneficiaries unless a trust or guardianship has been established, or as allowed by law.
- 6. If an estate is named, specify whose estate such as: "Estate of the Insured." Full name and address of the executor must be included.

#### TRUSTEE DESIGNATION:

1.	HOWEVER, that if no consumed or if the insured policy, the proceeds shadely	will and testament of the insured, or his/her successors in trust, PROVIDED, claim is made by the Trustee within one year from the date of death of the dishall die leaving no last will and testament containing the trust covering this hall be payable to the estate of the insured. Payment of the proceeds of this or successors in trust shall fully and finally discharge the Company from all
2	"The	Trust Company trustoe under written trust agreement date (month, date

2.	"The _	Trust Company, trustee under written trust agreement date (month, date,
	year)	, or its successor or successors in trust, and payment of the proceeds of this
	policy	to said Trustee or successor or successors shall fully and finally discharge the Company from
	all liab	ility." Full name and address of trust administrator must be included.

IT IS IMPORTANT TO KEEP YOUR BENEFICIARY DESIGNATIONS CURRENT IF YOU EXPERIENCE LIFE CHANGE EVENTS.

## Part C Member Authorization

You must sign and date this section for this form to be valid.