

Designating a Beneficiary for Employee Contributions

Summary

This notice is provided on behalf of the Arkansas Public Employees' Retirement System (the "System") to persons who become new contributory members of the System or to persons who are non-contributory members who have purchased service. This notice provides important information about designating a beneficiary.

Beneficiary Provisions

Member Contributions

You have employee contributions in the System if:

- You participate under the contributory provisions and your employer deducts contributions from your paychecks, or
- You participate under the non-contributory provisions and you remitted contributions to purchase service credit (ex: military purchase, refund repayment).

If you have contributions in the System, you must designate a beneficiary.

Designation Guidelines

A beneficiary is any person who receives your employee contributions in the event of your death. A "person" can be any of the following:

- An individual who is a citizen or resident of the United States except that you cannot designate yourself as the individual,
- A partnership, corporation, company or association created or organized in or under the laws of the United States, or
- An estate (other than a foreign estate) or trust.

There is no limit on the number of beneficiaries that you can designate. Any beneficiaries that you designate will be primary beneficiaries. If you designate a beneficiary who later predeceases you, you should designate another beneficiary.

If you have not designated a beneficiary and your death occurs before retirement, the System pays your contributions to your estate.

Death Benefits

If you have five (5) or more years of actual service (vested) and die before retirement, your eligible survivors can receive death benefits. These benefits are annuities (a series of payments) that the System pays to survivors each month. Survivors are spouses, dependent children, or dependent parents.

If you are vested and have employee contributions in your individual deposit account, the System pays the amount of the

accumulated contributions to your designated beneficiaries only when there are no eligible survivors for death benefits.

Completing the Request Form

To designate a beneficiary, you must complete the *Employee Contributions Beneficiary Designation* form and submit it to our office. The form should be completed only by active members; this form is not applicable to DROP participants and retired members. These members should contact our Retiree Services Section to verify if a beneficiary designation is applicable and to verify which form to complete.

The following information explains how to complete sections I through III of the *Employee Contributions Beneficiary Designation* form.

I. Member Information

You must provide your personal data, contact information, and employer information. The personal data includes your Social Security number (SSN) and your name. The employer information includes the 5-digit employer number and the employer name. The contact information includes your mailing address.

II. Beneficiary Information

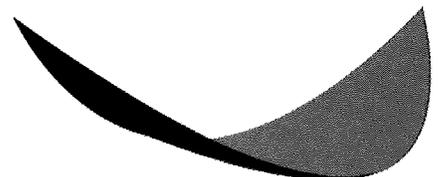
You must provide your beneficiary's information. The beneficiary information includes the Social Security Number (SSN), name, date of birth, relationship to you (ex: spouse, child, sibling, parent) and gender.

III. Member Authorization

You must provide your signature and date to acknowledge that you received this publication and to authorize the APERS Board of Trustees to make payment to the beneficiary or beneficiaries that you designated on the form.

Obtaining Additional Information

If you have any questions about designating a beneficiary for your employee contributions, please contact a call center representative toll free at 800-682-7377.





Employee Contributions Beneficiary Designation

124 West Capitol Avenue Suite 400 • Little Rock AR 72201-3700
 Phone: (800)682-7377 • Fax: (501)682-7843 • Website: www.apers.org

| I. Member Information | |
|------------------------|------------------------------------|
| Social Security Number | Name (Last, First, Middle Initial) |
| Mailing Address | City, State, Zip Code |
| APERS Employer Number | APERS Employer Name |

| II. Beneficiary Information | | |
|-----------------------------|------------------------------------|---|
| Social Security Number | Name (Last, First, Middle Initial) | |
| Date of Birth (mm/dd/yyyy) | Relationship | Gender <input type="checkbox"/> Female <input type="checkbox"/> Male |

| | | |
|----------------------------|------------------------------------|---|
| Social Security Number | Name (Last, First, Middle Initial) | |
| Date of Birth (mm/dd/yyyy) | Relationship | Gender <input type="checkbox"/> Female <input type="checkbox"/> Male |

| | | |
|----------------------------|------------------------------------|---|
| Social Security Number | Name (Last, First, Middle Initial) | |
| Date of Birth (mm/dd/yyyy) | Relationship | Gender <input type="checkbox"/> Female <input type="checkbox"/> Male |

III. Beneficiary Designation Certifications

- I acknowledge that I read the *Designating a Beneficiary for Employee Contributions* publication which explains the provisions for designating a beneficiary for my employee contributions.
- I request the APERS Board of Trustees (Board) to pay the total amount of the accumulated contributions standing to my credit in the System to the person(s) designated above if my death occurs and there is no death-in-service benefit payable. I agree on behalf of myself, heirs and assigns that payment so made be a complete discharge of the claims and constitute a release of the System from any further obligations on account of the benefit.
- I hereby direct that should I survive the beneficiary, the amount which otherwise would have been payable to the beneficiary be paid according to the provisions of the retirement act or to such other beneficiary as I hereafter nominate by written designation filed with the System in accordance with the rules and regulations prescribed by the Board.

| | |
|-----------------------------------|------|
| Member Signature | Date |
| Employer Representative Signature | Date |