

Arkansas Public Employees Retirement System

**REQUEST FOR CHANGE IN BENEFICIARY**

In accordance with the provisions of Act 177 of 1957 as amended, creating the Public Employees Retirement System, I \_\_\_\_\_, a member of the Arkansas  
*(Print Full Name)*

Public Employees Retirement System, enrolled under Social Security Number \_\_\_\_\_  
*(Social Security Number)*

hereby revoke the appointment of all beneficiaries previously made by me, if any, and designate

\_\_\_\_\_  
*(Print Full Name) (Birthdate) (Address) (Relationship)*

\_\_\_\_\_  
*(Print Full Name) (Birthdate) (Address) (Relationship)*

\_\_\_\_\_  
*(Print Full Name) (Birthdate) (Address) (Relationship)*

as the beneficiary/beneficiaries to whom I request the Board of Trustees of the Arkansas Public Employees Retirement System to pay, in the event of my death, if there are no death-in-service benefits payable, the total amount of the accumulated contributions standing to my credit in the Retirement System.

I hereby authorize the Board of Trustees of the Arkansas Public Employees Retirement System to make payment to the beneficiary whom I have above nominated and agree on behalf of myself and heirs and assigns, that payment so made shall be a complete discharge of the claims and shall constitute a release of the system from any further obligations on account of the benefit. I hereby direct that should I survive the before-mentioned beneficiary, the amount which otherwise would have been payable to the beneficiary shall be paid according to the provisions of the retirement act or to such other beneficiary as I shall hereafter nominate, by written designation filed with the Arkansas Public Employees Retirement System, in accordance with the rules and regulations prescribed by the Board of Trustees.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Address

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared \_\_\_\_\_, to me personally known, who, being by me duly sworn, did say that he/she executed the foregoing instrument and acknowledged said instrument to be his/her free act and deed.

In testimony whereof, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and the year first above written.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
My Commission Expires

SEAL