

Arkansas Public Employees Retirement System

DESIGNATION OF 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 Public Employees Retirement

(Print Full Name)

System, enrolled under Social Security Number _____, designate

(Social Security Number)

(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 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