



PO Box 268  
Jefferson City, MO 65102-0268  
(573) 634-5290 or  
Toll Free: (800) 392-6848  
Fax: (573) 634-7934  
Email: [psrspeers@psrspeers.org](mailto:psrspeers@psrspeers.org)  
Website: [www.psr-peers.org](http://www.psr-peers.org)

## **PSRS \$5,000 DEATH BENEFIT BENEFICIARY DESIGNATION**

This form establishes your beneficiary designation for a lump-sum death benefit of \$5,000 that is payable at your death. The beneficiary designation made with this form applies after your effective retirement date.

If the space provided on this form is not sufficient for your desired designation, please include a dated attachment, which bears your original signature. This designation supersedes and renders void all previous designations of beneficiaries to receive the \$5,000 Death Benefit.

You may designate an individual(s), a trust if one has been legally established, or any other legal entity(ies) to receive this benefit. If you name multiple primary or contingent beneficiaries, they will share equally unless you indicate otherwise. Any payment to a minor or a person who is legally incompetent will be paid to a legally authorized representative of the beneficiary.

This designation relates only to the \$5,000 Death Benefit and does not change the beneficiary whom you may have named under a Joint-and-Survivor or Term-Certain plan, nor does it affect the beneficiary named to receive any balance of unused contributions and interest, if any, remaining in your account at your death.

### **This payment is a taxable death benefit distribution.**

If you do not have a valid beneficiary designation on file to receive this benefit, payment will be made to your 1) surviving spouse, 2) surviving children in equal shares, 3) surviving parents in equal shares, or 4) estate, in that order of precedence.

PSRS will acknowledge your beneficiary designation. You may also view your beneficiary designation on the PSRS website, [www.psr-peers.org](http://www.psr-peers.org).

If you have questions about designating beneficiaries or how to complete this form, we recommend speaking with a PSRS representative by calling (800) 392-6848.



**PUBLIC SCHOOL RETIREMENT  
SYSTEM OF MISSOURI**

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## \$5,000 DEATH BENEFIT BENEFICIARY DESIGNATION

Please review the attached information before completing this form.

SECTION A – MEMBER INFORMATION										
First Name				Middle Name				Last Name		
Social Security Number				Member Number (if known)				Telephone		
								(		)
Mailing Address						City		State		ZIP
Email Address										
SECTION B – BENEFICIARY DESIGNATION										
<p>I hereby request and authorize the PSRS/PEERS Board of Trustees to pay the \$5,000 Death Benefit due at my death to the primary beneficiary listed below. Payments to the First or Second Contingent beneficiaries occur only if the preceding beneficiary is deceased. I reserve the right to change this designation by filing a new \$5,000 Death Benefit Beneficiary Designation.</p>										
Primary Beneficiary										
First Name				Middle Name				Last Name		
Social Security Number				Date of Birth				Relationship to You		
Mailing Address						City		State		ZIP
First Contingent Beneficiary										
First Name				Middle Name				Last Name		
Social Security Number				Date of Birth				Relationship to You		
Mailing Address						City		State		ZIP
Second Contingent Beneficiary										
First Name				Middle Name				Last Name		
Social Security Number				Date of Birth				Relationship to You		
Mailing Address						City		State		ZIP
SECTION C – MEMBER CERTIFICATION										
<p>I have reviewed the reverse side of this form and understand that this beneficiary designation applies only to the \$5,000 Death Benefit. This designation supersedes and renders void any previous beneficiary designations for this benefit and becomes effective upon receipt in the PSRS office.</p>										
Signature								Date		
X										