



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 PRE-RETIREMENT BENEFICIARY DESIGNATION

PSRS provides valuable protection to your beneficiaries if your death occurs prior to retirement.

This form establishes your beneficiary designation with PSRS prior to your retirement. It must be properly completed and on file with PSRS in order to be effective.

- Complete and return this form to PSRS at the address above.
- Make sure you sign the form on the bottom of page two.
- Keep a copy for your records.

Please read the brochure, *Protecting Those You Care About*, before completing this form. This brochure provides information to assist you in making an informed decision with regard to your beneficiaries, such as survivor benefits, naming joint or multiple beneficiaries, and the statutory succession of beneficiaries used when you do not have a valid designation on file.

You may name as your beneficiary: 1) an individual, 2) a legal entity such as a church, school or organization, 3) your estate, or 4) a legally established trust. If the space provided here is not sufficient for your desired designations, you may include a dated attachment which bears your original signature.

Be proactive in updating your beneficiary designation and provide complete information to help ensure any benefit payable by reason of your death is distributed in accordance with your wishes.

PSRS will acknowledge receipt of this form. 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.

## PRE-RETIREMENT BENEFICIARY DESIGNATION

This form establishes your beneficiary designation with PSRS prior to your retirement. It must be properly completed and on file with PSRS in order to be effective. Please review the attached information and the brochure, *Protecting Those You Care About*, 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

#### 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 AND AUTHORIZATION

I have reviewed the attached information and brochure, *Protecting Those You Care About*, and I understand that: 1.) Upon a change in life status (marriage, divorce, birth or adoption of a child) this beneficiary designation on file with the retirement office is automatically revoked in its entirety, **and** 2.) I must complete a new designation. If I do not complete a new beneficiary designation, any benefit due at my death will be paid in accordance with Missouri law.

I hereby request and authorize the PSRS/PEERS Board of Trustees to pay any benefits due at my death to the primary beneficiary named above. Payments to the first or second contingent beneficiary would only be made if the preceding beneficiary is deceased. I reserve the right to change my beneficiary by filing a new *Pre-Retirement Beneficiary Designation* form. *This designation supersedes and renders void my previous designations.*

Signature <b>X</b>	Date
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