



P.O. Box 268
Jefferson City, MO 65102-0268
(573) 634-5290 or Toll Free (800) 392-6848
Email: psrspeers@psrspeer.org
Web site: www.psrs-peers.org
Fax: (573) 634-7934

You elected a Joint-and-Survivor optional payment plan at retirement. The Public School Retirement System of Missouri (PSRS) and Public Education Employee Retirement System of Missouri (PEERS) law permits you to designate an individual(s), a trust or any other legal entity(ies) (hereafter known as the residual beneficiary) to receive any unused contributions and interest left in your account after both your death and the death of the beneficiary named in your option election.

Post-Retirement Designation of Residual Beneficiary
Effective on or after the date of your retirement
Residual beneficiary must be different than your named Option 2, 3 or 4 beneficiary.

I hereby request and authorize the Board of Trustees to pay to the person(s) or other entity(ies) named below the contributions, interest, if any, and any payments made because of reinstatement and other purchases, remaining in my account in excess of the total lifetime retirement benefits paid to me and to the person named under my Joint-and-Survivor option election.

Name Relationship Date of Birth Social Security Number
Mailing Address City State ZIP

Telephone Number ()

This designation will apply to my account(s) with: [] PSRS [] PEERS [] Both PSRS and PEERS

I understand that the above designation of residual beneficiary in no way changes either my retirement option election or the beneficiary named under that option, and that the above designation applies only to any funds left in my account. I reserve the right to change the above designation by filing a new Post-Retirement Designation of Residual Beneficiary form.

If the space provided is not sufficient for your desired designations, please list multiple beneficiaries on the reverse side of this form. This designation supersedes and renders void all previous designations of residual beneficiaries, if any, made by me.

Given under my hand this ___ day of ___, ___, at ___ City State

Signature of Retiree Social Security Number

Mailing Address (check here ___ if a change of address)

City State ZIP

() Telephone Number

Please keep a copy for your Records. Return this completed form to: PSRS/PEERS
P.O. Box 268, Jefferson City, MO 65102, Fax: (573) 634-7934