EB-0214-0504

NEW JERSEY DIVISION OF PENSIONS AND BENEFITS
PO BOX 295, TRENTON, NJ 08625-0295

DESIGNATION OF BENEFICIARY

ABOUT THE DESIGNATION OF BENEFICIARY FORM

THIS FORM WILL REPLACE ALL PRIOR DESIGNATIONS OF BENEFICIARY.

The *Designation of Beneficiary* form allows a member of a New Jersey State-administered retirement system to nominate a beneficiary, or beneficiaries, for benefits payable upon the death of that member. This form applies to both the group life insurance and pension benefit for **active** and **retired** members.

GROUP LIFE INSURANCE

This designation is for any group life insurance benefit payable at the time of your death. Group life insurance does not apply to retirees with less than 10 years of service credit, retirees of the Consolidated Police and Firemen's Pension Fund (CPFPF) or Prison Officers Pension Fund (POPF), or members who enrolled at age 60 or older and failed to prove insurability.

PENSION BENEFIT

This designation is for any and all pension benefits remaining at the time of your death. This section does not apply to ABP members.

Active Members

For Public Employees Retirement System (PERS) and Teacher Pension and Annuity Fund (TPAF) members, the pension benefit is the return of member contributions paid in a lump sum to the designated beneficiary.

For Police and Firemen's Retirement System (PFRS), State Police Retirement System (SPRS), and Judicial Retirement System (JRS) members, the pension benefit is a monthly pension determined by the governing statutes of those funds regarding surviving spouses, domestic partners, minor children, and dependent parents.

Retired Members

For PERS, TPAF, and JRS* members:

- Maximum Option - The beneficiary designated will be entitled to the pension allowance due for the month in which you pass away.
- Option 1 Benefit - The balance of the reserve established at retirement, if any, will be paid to this beneficiary.
- Option A, B, C, D, 2, 3, or 4 Benefit - The beneficiary named as the recipient of a monthly pension at retirement cannot be changed. However, should your beneficiary predecease you, a new beneficiary can be designated to receive ONLY the pension allowance due for the month in which you pass away.

For PFRS, SPRS, and JRS members, the pension benefit is a monthly pension determined by the governing statutes of those funds regarding surviving spouses, domestic partners, minor children, and dependent parents.

**JRS members: In addition to the statutory monthly survivor benefits for an eligible spouse or domestic partner, and/or dependent children, you may also elect one of the eight voluntary pension options that provide a pension benefit to a named beneficiary of your choice.*

PRIMARY AND CONTINGENT BENEFICIARIES

Please be sure to designate both primary and contingent beneficiaries. In the event of your death, the primary beneficiary, or beneficiaries, will receive any death benefits that are payable. The contingent beneficiary, or beneficiaries, will receive death benefits ONLY if all primary beneficiaries have predeceased you. Unless otherwise stated, all beneficiaries will share and share alike. If no primary or contingent beneficiaries survive you, all death benefits will be paid to your estate.

You may nominate any of the following as your primary or contingent beneficiary:

- A person or persons;
- An institution, charity, or corporation;
- Your estate (upon your death a court ordered surrogate certificate will be required).

If you choose a distribution of benefits other than the standard "share and share alike", or if you are naming a **minor**, using a **trust agreement**, acting as a **power of attorney** for the member, or nominating a **domestic partner**, please refer to Fact Sheet #68, *Designating a Beneficiary*, before completing this form. You may obtain this fact sheet by visiting our Web site at: *www.state.nj.us/treasury/pensions*

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FREQUENTLY ASKED QUESTIONS ABOUT THE *DESIGNATION OF BENEFICIARY* FORM

1. Q. All of my beneficiaries' information will not fit on this application. What do I do?

A. If additional space is required, an attachment sheet is acceptable, provided it is signed and dated by you. In addition to the beneficiary information, please be sure to include your name, address, daytime telephone number, and Social Security number.

2. Q. How many times can I change my beneficiary designation?

A. You may change the beneficiary designation for the group life insurance or pension benefit as often as you wish and at any time. A new designation form should be submitted whenever there is a significant life event, such as a birth, marriage, divorce, or death. However, PERS and TPAF members (or JRS members who select an optional payment method) who retired under Options A, B, C, D, 2, 3, or 4 may not change their beneficiary for the monthly pension benefit.

3. Q. What if I leave a section blank?

A. If no beneficiary designation is in effect at the time of your death, or the designation section is incomplete or blank, payment will be made to your estate. Prior to any benefits being paid to your estate, a surrogate's certificate must be submitted to the Division.

4. Q. I am not comfortable giving my beneficiary's Social Security number. Is it required?

A. The Division of Pensions and Benefits cannot require that you provide your beneficiary's Social Security number; however, providing this number will ensure positive identification of your beneficiary and may ease the processing of your claim.

5. Q. Why do I have to provide my daytime telephone number?

A. We may have questions regarding the information on your *Designation of Beneficiary* form. To expedite the designation process, contacting you by phone instead of written correspondence enables us to provide prompt and efficient service.

6. Q. I am in the process of getting divorced. How should I word my form?

A. Since each divorce case is different and can be complex, please refer to Fact Sheet #42, *Divorce and Your Retirement Benefits.*

7. Q. Can my Power of Attorney complete my *Designation of Beneficiary* form, and can he or she name himself or herself as beneficiary?

A. The administrative code set forth by the Division of Pensions and Benefits stipulates that in order for a Power of Attorney to change beneficiary information, his or her Power of Attorney documents must *specifically* state this right. Additionally, should you wish the Power of Attorney to be able to nominate himself or herself as beneficiary, the Power of Attorney document must also *specifically* state that right. Most standard Power of Attorney documents do not grant these rights. Before your Power of Attorney files a change of beneficiary on your behalf, please carefully review your Power of Attorney documents.

8. Q. I would like to nominate my domestic partner as beneficiary. What are the requirements?

A. For State and certain local employees who are members of JRS, SPRS, and PFRS, your domestic partner, as defined by the State of New Jersey under the Domestic Partnership Act, would be entitled to receive a monthly survivor pension benefit upon your death as an active or retired employee. You must provide your *Certificate of Domestic Partnership* along with your completed *Designation of Beneficiary* form. For members of the other State-administered retirement systems proof of domestic partnership is not normally required; however, providing a *Certificate of Domestic Partnership* would be required in the event of your accidental death in service in order for your eligible surviving partner to receive a monthly pension benefit. For more information regarding this legal documentation, please contact your local registrar's office.

9. Q. Will I receive confirmation of my changes?

A. Upon receipt of your *Designation of Beneficiary* form, a rider will be issued to you reflecting the changes you have made regarding your beneficiary information.

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STATE OF NEW JERSEY
DIVISION OF PENSIONS AND BENEFITS - DESIGNATION OF BENEFICIARY

(Please read and follow the instructions on the back of this form)

1. Pension System: *(Check one)* ☐ PERS ☐ TPAF ☐ PFRS ☐ SPRS ☐ JRS ☐ ABP ☐ CPFPF ☐ POPF

2. Print Your Full Name: _____ **3. Birthdate**: ____/____/_____

4. Social Security or Membership/Retirement Number: _____

5. GROUP LIFE INSURANCE (Active and Retired - If applicable)
Primary Beneficiary(ies)

	Beneficiary Name	Relationship	Birth Date	SS# (Optional)
1.				
Address				
2.				
Address				
3.				
Address				

Contingent Beneficiary(ies) - If primary beneficiary is not living at my death; payment is to be made to:

	Beneficiary Name	Relationship	Birth Date	SS# (Optional)
1.				
Address				
2.				
Address				
3.				
Address				

6. PENSION BENEFIT (Active and Retired)
Primary Beneficiary(ies)

	Beneficiary Name	Relationship	Birth Date	SS# (Optional)
1.				
Address				
2.				
Address				
3.				
Address				

Contingent Beneficiary(ies) - If primary beneficiary is not living at my death; payment is to be made to:

	Beneficiary Name	Relationship	Birth Date	SS# (Optional)
1.				
Address				
2.				
Address				
3.				
Address				

7. **SIGNATURE OF MEMBER** ***PRINT AND THEN SIGN HERE*** **Date** _____

Mailing Address _____

Daytime Telephone No. (_____ **)** _____

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INSTRUCTIONS FOR COMPLETING THE DESIGNATION OF BENEFICIARY FORM

Dos and Don'ts of Beneficiary Designation

Do use proper names. Nicknames are not acceptable. When naming a married female as beneficiary, be certain the proper name is given, e.g. Mary J. Jones, not Mrs. John R. Jones.

Do use specific names. The phrase "my children" or "my grandchildren" will not be accepted. You must list each child using his or her specific name.

Do make a copy of your completed *Designation of Beneficiary* form before submitting it to the Division and periodically review it to make sure all beneficiary information is correct. It is especially important to update this information after a life event such as a birth, marriage, divorce, or death.

Don't use a *Designation of Beneficiary* form to update a beneficiary's address. A signed letter notifying us of your beneficiary's address change will suffice. Your letter will be added to our files so your beneficiary information remains current.

Do complete this form with an ink pen. Completing this form in pencil makes the form unacceptable.

Don't use "white out" or cross out names to make changes in designation. This makes the form unacceptable and a new form will be mailed to you.

Don't name the same person or persons in both the "primary" and "contingent" beneficiary sections. This makes the form unacceptable and a new form will be mailed to you.

Before submitting the *Designation of Beneficiary* form, be sure to complete the items indicated below. Failure to complete this form totally and accurately may jeopardize the payment of your benefits. For any designation not naming a specific person or a share and share alike distribution, please refer to Fact Sheet #68, *Designating a Beneficiary*.

Item 1: Indicate Your Pension System — Check the box of the pension system of which you are an active or retired member *(check one box only)*

PERS - Public Employees' Retirement System	SPRS - State Police Retirement System
TPAF - Teachers' Pension and Annuity Fund	JRS - Judicial Retirement System
PFRS - Police and Firemen's Retirement System	ABP - Alternate Benefit Program
CPFPF - Consolidated Police and Firemen's Pension Fund	POPF - Prison Officers Pension Fund

Item 2 through 4: Member Information — **PRINT** your full name, date of birth, Social Security number, and your pension membership or retirement number.

Item 5: Nominate Your Group Life Insurance Beneficiary — **PRINT** the name of your primary beneficiary(ies) and contingent beneficiary(ies). If this section is not completed, this benefit will automatically default to your estate.

Item 6: Nominate Your Pension Beneficiary — **PRINT** the name of your primary beneficiary(ies) and contingent beneficiary(ies). If this section is not completed, this benefit will automatically default to your estate.

Item 7: All Members Must Complete the Following — **Make sure to SIGN, DATE,** and **INDICATE YOUR ADDRESS** and **DAYTIME TELEPHONE NUMBER** on the form. On any additional sheets used to specify beneficiary information be sure to include your signature and date on the sheet, and print your name, address, daytime telephone number and Social Security number. Mail your completed form to:

Beneficiary Services
Division of Pensions and Benefits
PO Box 295
Trenton, NJ 08625-0295

If you have any questions on how to complete your *Designation of Beneficiary* form: Write to the Division of Pensions and Benefits, PO Box 295, Trenton NJ 08625-0295, send an e-mail to *pensions.nj@treas.state.nj.us* or call the Division's Office of Client Services at (609) 292-7524.