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BRC

Contribution Beneficiary(ies) Member Contributions Only

MSEP 2011 • Judicial Plan 2011

Please print. • See next page for instructions.

SECTION A - MEMBER INFORMATION

Social Security Number or Member ID _____

Date of Birth _____

Name (last/first/middle) _____

Primary Phone _____

Alternate Phone _____

Alternate Phone _____

Cell Home Work

Cell Home Work

Cell Home Work

Email Address _____

SECTION B - BENEFICIARY DESIGNATIONS

Please see the reverse side of this form for instructions and refer to the **Employee Contributions** brochure for more information about beneficiaries. In designating a beneficiary, you are giving instructions to MOSERS on how to distribute a refund. Be sure your instructions are clear and provide as much information as possible for your primary and contingent beneficiary designations (you may have more than one). **Include your beneficiary(ies) name, relationship, address, date of birth, and Social Security number.** You may also name a trust, corporation/organization, or estate as your beneficiary(ies). Show the amount (percent/fraction) for each beneficiary. The total must equal exactly 100%.

Primary Beneficiary Receives refund (if any) of your employee contributions to MOSERS. **Examples are shown on the reverse side of this form.**

Beneficiary _____

Beneficiary _____

Percent/Fraction (must equal 100%) _____

Percent/Fraction (must equal 100%) _____

Beneficiary _____

Beneficiary _____

Percent/Fraction (must equal 100%) _____

Percent/Fraction (must equal 100%) _____

Contingent Beneficiary Receives a refund only if the primary beneficiary(ies) do not survive you. **Examples are shown on the reverse side of this form.**

Beneficiary _____

Beneficiary _____

Percent/Fraction (must equal 100%) _____

Percent/Fraction (must equal 100%) _____

Beneficiary _____

Beneficiary _____

Percent/Fraction (must equal 100%) _____

Percent/Fraction (must equal 100%) _____

SECTION C - SIGNATURE(S)

I hereby terminate any prior contribution beneficiary designations and designate the above as my beneficiary(ies) to receive a refund of my employee contributions (if any) from the Missouri State Employees' Retirement System (MOSERS). I understand this form applies to contributions for all types of service in all retirement plans administered by MOSERS (i.e. MSEP 2011 and Judicial Plan 2011, if applicable) and this form must be signed and dated by me and delivered to the office of MOSERS during my lifetime. My beneficiary designation will take effect on the date this completed form is received by MOSERS. This designation will remain in full force and effect until MOSERS has received written notification of its termination from me or anyone with legal authority to act on my behalf.

Signature of Member _____

Date _____

Instructions for Completing

MSEP 2011 • Judicial Plan 2011 | Contribution Beneficiary(ies) Employee Contributions Only

This form allows you to name a beneficiary to receive a refund of your contributions to the retirement system under the following circumstances:

The beneficiary of any member who made contributions will receive a refund upon the member's death equal to the amount, if any, of such contributions less any retirement benefits received by the member unless an annuity is payable to a survivor or beneficiary as a result of the member's death. In that event, the beneficiary of the survivor or beneficiary who received the annuity shall receive a refund upon the survivor's or beneficiary's death equal to the amount, if any, of the member's contributions less any annuity amounts received by the member and the survivor or beneficiary.

Refer to the **Employee Contributions** brochure for more information about beneficiaries. You may name one or more beneficiary(ies) (primary and contingent) to receive a refund (if applicable). This form must be signed by you, dated, and delivered to MOSERS during your lifetime. Your designations will be effective upon MOSERS' receipt of this form. Steps for completing this form are outlined below.

1. Complete Section A.
2. Designate your beneficiaries in Section B.
 - Provide the full name, relationship, address, date of birth, and Social Security number of your beneficiary(ies).
 - If you have more than four primary/contingent beneficiaries, you may attach a separate sheet of paper.
 - Indicate the amount (percent/fraction) for each designation. **The total must equal exactly 100%.**
 - If your beneficiary designation is to a trust, attach a photocopy of the trust, if available.
 - Naming a minor (a person under the age of 18, except an emancipated minor) or estate as your beneficiary for a refund of employee contributions may require that a conservator or other legal representative be appointed by a court before any payment can be issued. This could cause legal expenses for the beneficiary and delay in payment. Please take this into consideration when naming your beneficiary. As an alternative, you may wish to set up a trust to receive your assets upon your death. A trust is a legal arrangement through which a trustee manages the assets for your beneficiaries. If you would like to set up a trust, please contact an attorney.
 - The EXAMPLES shown below may be helpful in designating beneficiaries.
3. Sign and date Section C.
4. Return completed form to MOSERS.

One Beneficiary

Mary Doe (wife) - 100%
100 South Park · Hometown, MO 65100
DOB: 2/25/69 · SSN: XXX-XX-XXXX

Several Beneficiaries · Equal amounts

Mary Doe (wife), Jane Doe, and Tom Doe
(children), equally, survivors or survivor. **-or-**
Mary Doe (wife) - 1/3
100 South Park · Hometown, MO 65100
DOB: 2/25/69 · SSN: XXX-XX-XXXX

Jane Doe - (daughter) - 1/3
200 Campbell Ave. · Hometown, MO 65100
DOB: 6/15/95 · SSN: XXX-XX-XXXX

Tom Doe (son) - 1/3
300 Nestle Circle · Hometown, MO 65100
DOB: 8/28/9 · SSN: XXX-XX-XXXX

Several Beneficiaries · Unequal amounts

Mary Doe (wife) - 70%, Tom Doe (son) - 30%,
or all to the survivor. **-or-**

Mary Doe (wife) - 70%
100 South Park · Hometown, MO 65100
DOB: 2/25/69 · SSN: XXX-XX-XXXX

Tom Doe (son) - 30%
300 Nestle Circle · Hometown, MO 65100
DOB: 8/28/9 · SSN: XXX-XX-XXXX

Children Per Stirpes - *Your children, your children's children, etc.*

Tom Doe, Mark Doe, and Jane Doe
(children), equally, survivors or survivor,
provided however; should any said child
not survive to receive payment but leave
children surviving at the time of payment,
his share, her share, or their shares to said
children per stirpes.

Member's Estate

To the Estate of John Doe - 100%
100 South Park · Hometown, MO 65100

Organization

First Baptist Church - 100%
100 South Park · Hometown, MO 65100

Trustee Under "Inter Vivos" Trust - *An existing trust created during your lifetime by a written instrument*

Second National Bank of Hometown, MO
(trustee), or successor or successors in trust
under that certain declaration of trust dated
7/17/92 created by John Doe as trustor.

Second National Bank (trustee)
600 Main Street · Hometown, MO 65100

Testamentary Trust - *A trust created by your will - the trust does not take effect until after the will has been probated following your death*

Second National Bank of Hometown, MO
(trustee), or the successor or successors in
trust under that certain trust created by the
will of John Doe.

Second National Bank (trustee)
600 Main Street · Hometown, MO 65100

Revocable Living Trust - *You, the grantor, transfers property into the trust and the trustee administers the trust for the benefit of the beneficiary named*

John Doe, revocable living trust dated
April 2, 2002

It is important to periodically review and update your beneficiary designations. You may change your beneficiaries at any time by completing and submitting a new designation form. You should also inform your beneficiaries of their designation so they are aware that they may become entitled to a benefit.