

Please review the *Beneficiary Designation Guide* on the reverse side for details. Retain a copy of this form for your records.

- This beneficiary designation is effective upon receipt in good order by MSRS and supersedes all prior designations.
- A beneficiary designation must be on file with MSRS prior to your death in order to be valid.
- This beneficiary designation applies to all MNDCP accounts you may have. Refer to *Guide* for more details.



## 1. Information about you

Last name	First name	MI	Account ID or SSN
Daytime phone number			

## 2. Primary beneficiary

I hereby designate the following person(s) as primary beneficiary(ies) of my account under the Plan if I should die prior to the liquidation of my account.

Name of primary beneficiary	Relationship	Date of birth	Whole percentage
			___ ___ .00%
			___ ___ .00%
			___ ___ .00%

Must equal 100%

## 3. Contingent beneficiary

In the event there is no primary beneficiary(ies) at my death, I hereby designate the following person(s) as contingent beneficiary(ies) of my account under the Plan.

Name of contingent beneficiary	Relationship	Date of birth	Whole percentage
			___ ___ .00%
			___ ___ .00%
			___ ___ .00%

Must equal 100%

## 4. Required signature

I have completed, understand and agree to all pages of this *Beneficiary Designation* form and the *Beneficiary Designation Guide*. I hereby revoke all my prior designations (if any) of primary and contingent beneficiaries.

Participant Signature \_\_\_\_\_ Date (Required) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Electronic signatures are not accepted Month Day Year

# Beneficiary Designation *Guide*

## Privacy Notice

Private data requested on this form will be used by MSRS to process your request. You are not legally required to provide the data requested. However, we may not be able to process your request without sufficient information. Your private data will not be shared with an unauthorized person without written consent except as authorized by federal or state law or a court order.

## Beneficiary Information

A beneficiary designation is effective upon receipt by Minnesota State Retirement System. This designation supersedes all prior designations.

A beneficiary must be a natural person, a qualified trust, an estate or a charitable organization.

You may designate more than one beneficiary. You may attach an additional sheet of paper if there is not enough space to list your designated primary or contingent beneficiaries.

Whole percentages only. Beneficiaries will share equally if percentages are not provided. In the event you elect the decimal percentages the form may be returned. Or, if you elect beneficiaries in thirds and indicate decimal percentages that share equally, your youngest beneficiary will receive a greater amount. For example, if you elect three beneficiaries equally at 33 $\frac{1}{3}$ % the youngest beneficiary will receive 34% and the others will receive 33% each.

## Information About You

### Last Name, First Name, Middle Initial

Your full name is required to properly identify your account. This must exactly match the name on your system or this request cannot be processed. Please login to your online account or review your most recent account statement to determine how your name appears on our records.

### Daytime Phone Number

This information will allow MSRS to contact you in the event that your request is not properly completed.

### Account ID or Social Security Number

Your Account ID or SSN is required to properly identify your account.

Your MNDCP beneficiary designation applies to your primary plan account in which you contributed **and** any alternate plan accounts you may have.

An alternate plan account is a separate MNDCP account:

1. You may have inherited due to a participant's death **or**
2. You received as an alternate payee due to divorce.

To establish different beneficiary designations to multiple MNDCP accounts, complete a separate *Beneficiary Designation* form and specify which account it is for.

## Death of Primary Beneficiary(ies)

When more than one primary beneficiary is designated and a primary beneficiary predeceases you, their share is divided equally amount the remaining surviving primary beneficiaries. In the event all primary beneficiaries predecease you, death benefits will then pass to the contingent beneficiary(ies).

Teletypewriter users and telecommunications-device-for-the-deaf (TDD) users should call the Minnesota Relay Service at 1.800.627.3529 and ask to be connected to MSRS at 651.284.7730.

If no beneficiary(ies) survive you, death benefits will be payable to your surviving spouse or, if none, to your estate.

## Failure to Designate Beneficiary(ies)

If you do not designate a beneficiary(ies), the assets are paid to a surviving spouse, or if none, to your estate.

For more information regarding beneficiary designations, please refer to *A Guide to Beneficiary Designations*.

## Minor Beneficiary(ies)

In the event of your death, distribution to a minor beneficiary(ies) requires the following before the distribution can occur:

### Guardian

A copy of the court documents showing the name, address and telephone number of minor's court appointed guardian, OR

### Custodian

A copy of the trust or other documents showing power of appointment under the Uniform Gifts to Minors Act (UGMA) or Uniform Trust to Minors Act (UTMA), whichever is in effect for your state.

## Divorce

In the event of dissolution of marriage, your MNDCP beneficiary designation naming your former spouse becomes void unless the divorce decree provides otherwise. You may re-designate your former spouse after the divorce if you wish.

## Naming a Trust or Estate

To name a Trust as beneficiary you must provide:

- Name of trust and date trust was established, and
- A copy of the signature and title pages of the Trust document.

## Sample wording for trust designation

(Trustee name) as Trustee of the (name of trust) established (date of trust)

To name your Estate as beneficiary you must enter the following in the name field:

"Estate" or "Representative of my Estate"

## Send this form to:



### Minnesota State Retirement System

60 Empire Drive, Suite 300  
St. Paul, MN 55103-3000



Fax: 651.297.5238



Telephone: 651.284.7730  
Toll-free: 1.800.657.5757

A confirmation will be mailed to you acknowledging this election.