

BURIAL BENEFIT DESIGNATION/CHANGE OF BENEFICIARY FORM

Name of Member: _____

Member ID: _____

- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> State Employees' Pension Plan (Retiree Only) | <input type="checkbox"/> New State Police Pension Plan (Retiree Only) | <input type="checkbox"/> Closed State Police Pension Plan (Retiree Only) | <input type="checkbox"/> Legislators' Pension Plan (Retiree Only) | <input type="checkbox"/> County and Municipal Police and Firefighters' Pension Plan (Only applies to members actively employed upon death) |
|---|---|--|---|--|

Please complete form in its entirety and return to the Pension Office promptly. Incomplete forms will be rejected.

<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary (Choose one)
Full Name of individual or organization _____	
Date of Birth _____ SSN / TIN _____ Relationship to Member _____	
Mailing address _____	
Optional Contact Information (Telephone/email): _____	

<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary (Choose one)
Full Name of individual or organization _____	
Date of Birth _____ SSN / TIN _____ Relationship to Member _____	
Mailing address _____	
Optional Contact Information (Telephone/email): _____	

<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary (Choose one)
Full Name of individual or organization _____	
Date of Birth _____ SSN / TIN _____ Relationship to Member _____	
Mailing address _____	
Optional Contact Information (Telephone/email): _____	

I hereby direct that any amount of burial benefit payable at my death be paid to the Beneficiary(ies) designated above, if living. I understand that if more than one Beneficiary is designated, payment will be made in equal shares to each of the designated Beneficiary(ies) as survive me, unless otherwise specified herein. If, at my death, there is no appropriately designated Beneficiary(ies), for all or any part of the death benefit, the burial benefit may be payable to my estate. Following my death, the burial benefit will be paid after my Beneficiary(ies) have completed and submitted the necessary documentation to the Office of Pensions. The burial benefit is subject to federal income tax.

THIS FORM REVOKES ALL PREVIOUS BENEFICIARY DESIGNATIONS.	
All beneficiaries must be restated even if they are not being changed. For example, if you are changing only the secondary beneficiary, you must also restate the primary beneficiary.	
X _____ MEMBER'S SIGNATURE	X _____ TELEPHONE NUMBER

For Use by Notary Public Only
Sworn to and subscribed before me this _____ day of _____ 20_____.
_____ Signature of Notary Public

Place Notary Stamp Here
