STATE OF DELAWARE
OFFICE OF PENSIONS

DESIGNATE OR CHANGE BENEFICIARY FOR PENSION CONTRIBUTION

PLEASE COMPLETE AND RETURN FORM TO PENSION.FORMS@DELAWARE.GOV

First Name & Middle Initial: _____Last Name: _____
Pension ID, Employee ID or SSN: _____
Please complete form in its entirety and return to the Pension Office.
Incomplete forms may be rejected.

Pension Plan (Check One):

☐ State Employees' ☐ State Police ☐ Judiciary ☐ Legislators'
☐ C/M Police/Fire ☐ C/M General ☐ (Vol) Fire ☐ Port

I hereby ***revoke any previous beneficiary(ies) designation*** of my pension contributions. I direct that any excess amount of my accumulated pension contributions, with interest, be paid to the living beneficiary(ies) as designated. When completing this form, ***at least one Primary beneficiary*** must be designated. If more than one beneficiary is designated, unless primary and secondary is noted, I understand payment will be made in equal shares, unless otherwise specified. If no designated or living beneficiary, for all or any part of the death benefit, the death benefit will be payable to my estate. (See page 3 for additional information.)

Primary ☐ **Gender:** ☐ Male ☐ Female
Full Name of Individual, Funeral Home or Organization: _____
Date of Birth: _____SSN/EIN: _____Relationship: _____
Address: _____
City: _____State: _____Zip Code: _____
Optional Contact Information (Telephone/Email): _____

Primary ☐ **Secondary** ☐ (Choose one – Secondary receives money if Primary deceased)
Gender: ☐ Male ☐ Female
Full Name of Individual, Funeral Home or Organization: _____
Date of Birth: _____SSN/EIN: _____Relationship: _____
Address: _____
City: _____State: _____Zip Code: _____
Optional Contact Information (Telephone/Email): _____

Primary ☐ **Secondary** ☐ (Choose one – Secondary receives money if Primary deceased)
Gender: ☐ Male ☐ Female
Full Name of Individual, Funeral Home or Organization: _____
Date of Birth: _____SSN/EIN: _____Relationship: _____
Address: _____
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Primary ☐ **Secondary** ☐ (Choose one – Secondary receives money if Primary deceased)
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Primary ☐ **Secondary** ☐ (Choose one – Secondary receives money if Primary deceased)
Gender: ☐ Male ☐ Female
Full Name of Individual, Funeral Home or Organization: _____
Date of Birth: _____SSN/EIN: _____Relationship: _____
Address: _____
City: _____State: _____Zip Code: _____
Optional Contact Information (Telephone/Email): _____

By signature below, I hereby ***revoke any previous beneficiary(ies) designation*** of my pension contributions.

Signature _____ Date _____

Important Information/Terminology

- To be accepted, this form must include:
  - A primary beneficiary, either a person, funeral home, organization or your estate
  - Complete information for each beneficiary including SSN/EIN for each beneficiary
  - Signature and Date

- Unpaid Pension Contributions: Amount of the unpaid pension contributions plus interest through date of death if no eligible survivor entitled to receive a survivor pension under my Plan.

- Priority of eligible survivors can be found on the Office of Pensions website under Retirees/State Employee Pension Benefits/Survivor Benefits.

- EIN: Employer Identification Number, also known as the Federal Tax Identification Number, is a number assigned by the IRS to business entities/charities. You will need the EIN if you are designating a charity, for example, to receive your contributions.