

Designation or Change of Beneficiary for Pension Contributions Form (BEN-1)

Please read prior to submitting this form.

This form is used to pay your designated beneficiary the balance of your pension contributions plus any accumulated interest upon your passing.

This applies to:

- active employees;
- inactive employees who have not withdrawn their pension contributions;
- individuals with a vested right to a pension with no eligible survivor; or
- pensioners who have been retired **less** than 2 years and **MAY** have remaining contributions

The balance of your pension contributions plus interest are disbursed in the event of your death. You should designate a beneficiary to receive a payout of your pension contributions when there is no eligible survivor.

You should never name yourself as a beneficiary. If it is your intention to have the monies paid to your Estate or a Trust that is already established, you should indicate the name and the tax ID number for the Estate or Trust, not your personal information.

The form must have either a manual signature or a certified digital signature with a time and date stamp.

This form is not for retirees who have been on pension more than 2 years.

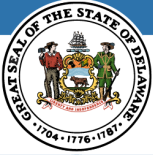
This form is for pension contributions only. Retirees enrolled in the State Employees', Legislative, New State Police or Closed State Police Pension Plan must complete a separate form to make or change their beneficiary for the Burial Benefit.

If you are trying to change your named beneficiaries for the burial benefit, please do one of the following:

- Contact the Office of Pensions and request the Burial Benefit Designation Form.
- Navigate to the Retiree Forms List on the website and choose this form.



Burial Benefit Designation / Change of
Beneficiary Form (Form GL)



STATE OF DELAWARE OFFICE OF PENSIONS

DESIGNATE OR CHANGE BENEFICIARY FOR PENSION CONTRIBUTIONS

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

Name (Print): _____ 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 2 for additional information.)

Primary		Gender: M F
Full Name of Individual, Funeral Home or Organization: _____		
Date of Birth: _____ SSN / EIN: _____ Relationship: _____		
Mailing Address: _____		
Optional Contact Information (Telephone/Email): _____ / _____		
Primary Secondary (Choose one – Secondary receives money if Primary deceased)		Gender: M F
Full Name of Individual, Funeral Home or Organization: _____		
Date of Birth: _____ SSN / EIN: _____ Relationship: _____		
Mailing Address: _____		
Optional Contact Information (Telephone/Email): _____ / _____		
Primary Secondary (Choose one – Secondary receives money if Primary deceased)		Gender: M F
Full Name of Individual, Funeral Home or Organization: _____		
Date of Birth: _____ SSN / EIN: _____ Relationship: _____		
Mailing Address: _____		
Optional Contact Information (Telephone/Email): _____ / _____		
Primary Secondary (Choose one – Secondary receives money if Primary deceased)		Gender: M F
Full Name of Individual, Funeral Home or Organization: _____		
Date of Birth: _____ SSN / EIN: _____ Relationship: _____		
Mailing Address: _____		
Optional Contact Information (Telephone/Email): _____ / _____		

COMPLETE AND SIGN ON PAGE 2 ➔



STATE OF DELAWARE OFFICE OF PENSIONS

DESIGNATE OR CHANGE BENEFICIARY FOR PENSION CONTRIBUTIONS

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

Primary Secondary (Choose one – Secondary receives money if Primary deceased) Gender: M F

Full Name of Individual, Funeral Home or Organization: _____

Date of Birth: _____ SSN / EIN: _____ Relationship: _____

Mailing Address: _____

Optional Contact Information (Telephone/Email): _____ / _____

Primary Secondary (Choose one – Secondary receives money if Primary deceased) Gender: M F

Full Name of Individual, Funeral Home or Organization: _____

Date of Birth: _____ SSN / EIN: _____ Relationship: _____

Mailing Address: _____

Optional Contact Information (Telephone/Email): _____ / _____

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

X _____
SIGNATURE

X _____
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.**