

RETIREE CHANGE OF DESIGNATED BENEFICIARY

Please check one:

This beneficiary designation applies ONLY to my retirement pension payable from the Statewide Retirement Plan:

Defined Benefit Component

Hybrid Defined Benefit Component.....

This beneficiary designation applies ONLY to my disability benefit payable from the:

Statewide Death & Disability Plan.....

MEMBER INFORMATION

Member's Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____ Apt. _____ Home Phone (____) - ____ - _____

City _____ State _____ Zip _____ Work Phone (____) - ____ - _____

XXX-XX - _____ / _____ / _____ (____) - ____ - _____
 Social Security Number (last 4 digits) Date of Birth (mo/day/yr) Cell Phone

Email Address _____

- If in the future your marital status changes, or in the event of the death of the primary beneficiary named below, you may revoke this form and designate a different primary beneficiary by submitting a new Retiree Change of Designated Beneficiary form
- I am aware that the beneficiary information included in this form becomes effective when all necessary documents are received by FPPA and will remain in effect until I submit another completed and signed Retiree Change of Designated Beneficiary form and all necessary documents to FPPA at a later date
- To change beneficiaries for FPPA accounts that are serviced by Fidelity Investments (Statewide Money Purchase, 457 Deferred Compensation, DROP, or the Statewide Retirement Plan: Money Purchase Component), please contact Fidelity Investments at (800) 343-0860

PRIMARY BENEFICIARY

Only ONE person can be named as primary beneficiary. If you do not complete this section, we will assume there are no changes to your primary beneficiary. **If you make a change in this section, any previously designated primary beneficiary is revoked.**

Please check the box below if you wish to revoke your previous primary beneficiary and NOT designate a new primary beneficiary:

I am electing NOT to designate a beneficiary and I elect to revoke any previous designated primary beneficiary.

Beneficiary's Last Name First Name Middle Initial

Mailing Address Apt. (_____) - _____ - _____
Home Phone

City State Zip (_____) - _____ - _____
Cell Phone

_____/_____/_____
Social Security Number Date of Birth (mo/day/yr) Female Male

Relationship to Applicant _____

If spouse, check whichever applies: marriage civil union.

This beneficiary change is due to:

- Single at time of Retirement, chose Normal Payment Option and have since married or entered into a civil union. (your new spouse/partner in a civil union **must be added within 180 days of marriage/civil union date**)
- Vested at termination of service however, not yet payable (age 55)
- Change in marital status
- Death of my former designated beneficiary

Please attach a copy of:

- A copy of the marriage license or civil union certificate or divorce decree (if applicable)
- A copy of your new beneficiary's birth certificate
- If the name on the birth certificate does not match your beneficiary's current name, please provide a copy of driver's license or other documentation that verifies a name change
- A certified copy of the death certificate for your former beneficiary (if applicable)

Upon receipt of this beneficiary change form, FPPA will recalculate your benefit based on your life expectancy and the life expectancy of your newly designated primary beneficiary. **This recalculation will change your benefit amount.** Depending on the birth date of your new primary beneficiary, your benefit amount may be significantly reduced.

NOTE: *The change in benefit amount will become effective only upon FPPA's receipt of the required forms (either the Benefit Change Due to Change in Beneficiary form or the Benefit Option form, whichever is applicable). If your beneficiary does not reside with you, it is your responsibility to notify FPPA in the event your beneficiary changes his or her address.*

REFUND ONLY - BENEFICIARY OR ESTATE OR TRUST

Mark only ONE box below. This section applies only to a one-time refund of remaining Member contributions, if any, not paid out in monthly pension benefits and only when there is no primary beneficiary payable. No monthly pension benefit would be paid to the beneficiaries listed below. Any previously elected refund only beneficiary or estate or trust is revoked. If you do not complete this section, we will assume that there are no changes to your refund only beneficiary or estate or trust. If you make a change in this section, any previously designated refund only beneficiary, or estate or trust is revoked.

- I am electing NOT to designate a refund only beneficiary or estate or trust and I elect to revoke any previously designated refund only beneficiary or estate or trust.
- The following **trust** is elected to receive a refund of remaining member contributions, if any.

Name of Trust

- I elect my **estate** to receive a refund of remaining member contributions, if any.
- The following are named as refund only beneficiaries to receive a refund of remaining member contributions, if any.

If you have more than three **refund only beneficiaries**, attach a page and mark the following box.

- I have attached a page.*

Name	Relationship	
_____-_____-_____ Social Security Number	_____/_____/_____ Date of Birth (mo/day/yr)	
Phone Number	Email Address	Percent of Assets _____ %

Name	Relationship	
_____-_____-_____ Social Security Number	_____/_____/_____ Date of Birth (mo/day/yr)	
Phone Number	Email Address	Percent of Assets _____ %

Name	Relationship	
_____-_____-_____ Social Security Number	_____/_____/_____ Date of Birth (mo/day/yr)	
Phone Number	Email Address	Percent of Assets _____ %

The combined percentage of assets listed above must equal = 100%.

REQUIRED SIGNATURE & NOTARY

Please sign and date below in the presence of a notary public.

_____/_____/_____
Applicant's Full Legal Signature Date

For Notary Use Only

STATE OF _____ }
COUNTY OF _____ } ss

Subscribed and sworn to before me this _____ day of _____, year of _____.

Witness my hand and official seal.

My commission expires: _____ / _____ / _____.

Notary Public Signature
SEAL