

STATE OF NEW JERSEY – DIVISION OF PENSIONS AND BENEFITS
PO BOX 295, TRENTON, NJ 08625-0295

ACTIVE MEMBER DESIGNATION OF BENEFICIARY

For use by active members of the following New Jersey State-administered retirement systems:

PERS – Public Employees’ Retirement System

PFRS – Police and Firemen’s Retirement System

TPAF – Teachers’ Pension and Annuity Fund

SPRS – State Police Retirement System

The *Active Member Designation of Beneficiary* form allows an active member to nominate a beneficiary, or beneficiaries, for benefits payable upon the death of that member. This form applies to both the group life insurance and pension benefits.

The designation you provide on this form will replace all beneficiary designations previously on file. However, be advised that the Division of Pensions and Benefits has the responsibility to deny changes to beneficiary designations that may violate a court order. If a court order exists, you may be required to furnish further documentation to the Division to determine whether or not we can accept your *Active Member Designation of Beneficiary* form.

GROUP LIFE INSURANCE

This designation is for any group life insurance benefit payable at the time of your death. Group life insurance does not apply to members who enrolled at age 60 or older and failed to prove insurability.

PENSION BENEFIT

This designation is for any and all active member pension benefits remaining at the time of your death based on the retirement system to which you belong.

For **PERS** and **TPAF** active members, the pension benefit is the return of member contributions paid in a lump sum to the designated beneficiary.

For **PFRS** and **SPRS** active members, the pension benefit is a monthly pension determined by the governing statutes regarding surviving spouses/civil union partners/eligible domestic partners, minor children, and/or dependent parents. If none of these relationships are applicable to you, you may designate a beneficiary or beneficiaries to receive the return of member contributions paid in a lump sum.

DOs & DON'Ts

Do designate both primary and contingent beneficiaries In the event of your death, the primary beneficiary, or beneficiaries will receive any death benefits that are payable. The contingent beneficiary, or beneficiaries, will receive death benefits **only** if all primary beneficiaries have predeceased you. Unless otherwise stated, all beneficiaries will share and share alike. If no primary or contingent beneficiaries survive you, all death benefits will be paid to your estate.

You may nominate any of the following as your primary or contingent beneficiary:

- A person or persons;
- A trust, institution, charity, or corporation;
- Your estate (upon your death a court ordered surrogate certificate will be required).

If you choose a distribution of benefits other than the standard “share and share alike,” e.g. specific percentages, or if you are designating a minor or acting as Power of Attorney for the member, please refer to Fact Sheet #68, *Designating a Beneficiary*, before completing this form. You may obtain this fact sheet by visiting our Web site at: www.nj.gov/treasury/pensions

Do use full, proper names When naming a married female as beneficiary, be certain the proper name is given, e.g. Mary J. Jones, not Mrs. John R. Jones. You must list each individual using his or her specific name, such phrases as “my children,” “my living grandchild,” or “my children’s issue” **will not be accepted**.

continued on next page

DOs & DON'Ts (continued)

Do not send a photocopy or fax this form. Our office requires original *Active Member Designation of Beneficiary* forms to update a member's beneficiary information.

Do not use "white out" or cross out names to make changes in designation. This makes the form unacceptable and a new form will be mailed to you for your completion.

Do not use an *Active Member Designation of Beneficiary* form to update a beneficiary's address. A signed letter notifying us of your beneficiary's address change will suffice. Your letter will be added to our files so your beneficiary information remains current.

INSTRUCTIONS

Please complete this form in ink pen. Using pencil makes the form unacceptable. Before submitting the *Active Member Designation of Beneficiary* form, please be sure to complete the items indicated below:

- 1: Indicate Your Retirement System** – Check the box of the retirement system of which you are an active member.
- 2 – 4: Provide Your Member Information** – **PRINT** your full name, date of birth, and your membership number or last four digits of your Social Security number.
- 5: Nominate Your Group Life Insurance Beneficiary (if you are covered by group life insurance as an active member)** – **PRINT** the name of your primary beneficiary(ies) and contingent beneficiary(ies). If this section is not completed (and you have group life insurance coverage as an active member), this benefit will automatically default to your estate.
- 6: Nominate Your Pension Beneficiary** – **PRINT** the name of your primary beneficiary(ies) and contingent beneficiary(ies). **If this section is left blank and you are a member of PERS or TPAF**, the return of member contributions will be payable to your estate. **If this section is left blank and you are a member of PFRS or SPRS**, the pension benefit will be determined by the governing statutes regarding surviving spouses/civil union partners/eligible domestic partners, minor children, and dependent parents. If none of the aforementioned relationships are applicable to you at the time of your passing as an active member and the Pension Benefits section is left blank, the return of member contributions will be payable to your estate.
- 7: All members must complete the following** – **Make sure to sign, date, and provide your address and daytime telephone number on the form.** On any additional sheets used to specify beneficiary information, please be sure to include your signature and date on the sheet, and print your name, address, daytime telephone number and the last four digits of your Social Security number.

Mail your completed form to:
BENEFICIARY SERVICES
DIVISION OF PENSIONS AND BENEFITS
PO BOX 295
TRENTON, NJ 08625-0295

Upon receipt of your *Active Member Designation of Beneficiary* form, a rider will be issued reflecting the changes you have made regarding your beneficiary information. If you have any questions on how to complete your *Active Member Designation of Beneficiary* form, write to the Division of Pensions and Benefits at the above mailing address, send an e-mail to: pensions.nj@treas.state.nj.gov or call our Office of Client Services at: (609) 292-7524.

STATE OF NEW JERSEY – DIVISION OF PENSIONS AND BENEFITS

ACTIVE MEMBER DESIGNATION OF BENEFICIARY

*(Please read and follow the instructions before completing this form)*1. Pension System: (Check one) ☐ PERS ☐ TPAF ☐ PFRS ☐ SPRS

2. Print Your Full Name: _____ 3. Birth Date: ____/____/____

4. Social Security (last 4 digits) or Membership Number: _____

5. GROUP LIFE INSURANCE (If applicable)

Primary Beneficiary(ies)

Beneficiary Name

Relationship

Birth Date

1. _____

Address _____

2. _____

Address _____

3. _____

Address _____

Contingent Beneficiary(ies) - If primary beneficiary is not living at my death; payment is to be made to:

Beneficiary Name

Relationship

Birth Date

1. _____

Address _____

2. _____

Address _____

3. _____

Address _____

6. PENSION BENEFIT

Primary Beneficiary(ies)

Beneficiary Name

Relationship

Birth Date

1. _____

Address _____

2. _____

Address _____

3. _____

Address _____

Contingent Beneficiary(ies) - If primary beneficiary is not living at my death; payment is to be made to:

Beneficiary Name

Relationship

Birth Date

1. _____

Address _____

2. _____

Address _____

3. _____

Address _____

7. SIGNATURE OF MEMBER _____ Date _____

Mailing Address _____

Daytime Telephone No. (_____) _____

FREQUENTLY ASKED QUESTIONS

1. Q. All of my beneficiaries' information will not fit on this application. What do I do?

- A. If additional space is required, an attachment sheet is acceptable, provided it is signed and dated by you. In addition to the beneficiary information, please be sure to include your name and membership number.

2. Q. What if I leave a section blank?

- A. If the Group Life Insurance section is left blank, any group life insurance payment will be payable to your estate. If the pension benefit section is left blank and you are **a member of PERS or TPAF**, the return of member contributions will be payable to your estate. If the pension benefit section is left blank and you are **a member of PFRS or SPRS**, the pension benefit will be determined by the governing statutes regarding surviving spouses/civil union partners/eligible domestic partners, minor children, and dependent parents. If none of the aforementioned relationships are applicable to you at the time of your death as an active member and the pension benefits section is left blank, the return of member contributions will be payable to your estate.

3. Q. Why do I have to provide my daytime telephone number?

- A. We may have questions regarding the information on your *Active Member Designation of Beneficiary* form. To expedite the designation process, contacting you by phone instead of written correspondence enables us to provide prompt and efficient service.

4. Q. I am in the process of getting divorced. How should I word my form?

- A. Since each divorce case (or dissolution of a civil union) is different and can be complex, please refer to Fact Sheet #42, *Divorce and Your Retirement Benefits*.

5. Q. Can my Power of Attorney complete my *Active Member Designation of Beneficiary* form?

- A. Per statute, in order for a Power of Attorney to change beneficiary information, his or her Power of Attorney documents must specifically state this right. Further, should you wish the Power of Attorney to be able to nominate himself or herself as beneficiary, the Power of Attorney document must specifically state that right as well. Most standard Power of Attorney documents do not grant these rights. Before your Power of Attorney files an *Active Member Designation of Beneficiary* form on your behalf, please carefully review your Power of Attorney documents.