

## Designation of Beneficiary

**Please read this entire form carefully. Then complete only ONE of the two sides.**

### Standard Designation

**Instructions:**

- ☞ Do not write in or change anything in this box; alterations will void this form. The Standard Designation creates a chain of beneficiaries that automatically allows for future marriages, divorces, births, deaths or adoptions within your family as established by Oregon Law. **It is not multiple choice.**
- ☞ If you wish to disinherit a family member or name a beneficiary not included in this designation, do not use this designation; but complete the other side of this form.

I hereby revoke any and all previous designations of beneficiary and name as my beneficiary my next of kin surviving me at the time of my death in the following groups in the order listed:

- (a) To my SPOUSE; and if he or she does not survive me, then to
- (b) My CHILD or CHILDREN in equal shares, and the share of any child who does not survive me to his or her children living at my death in equal shares; but if none of my children survive me, then to the children of my children living at my death in equal shares; and if neither my children nor any of their children survive me, then to
- (c) My MOTHER and FATHER in equal shares, or to the survivor; and if neither survives me, then to
- (d) My BROTHERS and SISTERS in equal shares, and the share of any brother and sister who does not survive me to his or her children living at my death in equal shares; but if none of my brothers and sisters survive me, then to the children of my brothers and sisters living at my death in equal shares.

The terms "child" and "children," as used in this beneficiary designation, shall include both natural born and adopted children, whether born or adopted before or after the date on which I selected this beneficiary.

No payment shall be made to persons included in any of the above groups should there be living at the date of my death persons in any groups preceding it as listed.

Except as I have designated in groups (b) and (d) above, I choose not to have the dependents of any beneficiary who does not survive me take any interest or benefit in property subject to this designation.

☞ Use a new form if necessary.



Signature (do not print)

Date

Soc. Sec. no.	Phone (days)
Your name (please print)	
Mailing address	
City	State ZIP
Present employer	

<b>PERS use only</b>	
<input type="checkbox"/> Member <input type="checkbox"/> Alternate payee	
Date of Divorce Division	
Cross reference member Soc. Sec. no.	
	<i>For PERS use only</i>

☞ Send directly to PERS. This designation is not effective until received and approved by PERS.

Use this designation only if you do not use the standard designation. Complete only one side of this form.

**Instructions for designating a "Specific Beneficiary."**

- If you use this designation, complete and sign the section below.
- Do not use white-out, or cross anything out. If a change is required, use a new form.
- Type or print your beneficiaries' names, relationship (if any), and a date of birth (if a person) in the large box below, and complete and sign the section at the bottom.
- Always show full given names. For example, Mary R. Doe (not Mrs. Robert Doe).
- To name co-beneficiaries:
  - Mary J. Doe     Mother 1/30/1901
  - and
  - John R. Doe     Father 11/10/1900
- To name a contingent beneficiary:
  - Mary J. Doe     Mother 1/30/1901
  - if living, otherwise to
  - Betty A. Jones     Sister 8/12/1935
- To designate your estate as beneficiary, show  
The Personal Representative, Executor, or Administrator of my Estate. (Do not show anyone's name.)

Specific Beneficiary Designation		
I hereby revoke any and all previous designations of beneficiary and name as my beneficiary or beneficiaries:		
Full given name of beneficiary	Relationship	Date of birth



Signature (do not print)

Date

Soc. Sec. no.	Phone (days)
Your name (please print)	
Mailing address	
City	State     ZIP
Present employer	

<i>PERS use only</i>	
<input type="checkbox"/> Member	<input type="checkbox"/> Alternate payee
Date of Divorce Division	
Cross reference member Soc. Sec. no.	
	<i>For PERS use only</i>



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In compliance with the Americans with Disabilities Act, PERS will provide assistance in filling out this form to anyone who needs it. You may request assistance from Member Counseling by calling ☎ 1-503-603-7777 (TTY: ☎ 1-503-603-7766).