

**MAINE STATE RETIREMENT SYSTEM (MSRS)**

46 State House Station  
Augusta, ME 04333-0046

Telephone: (207) 512-3100  
Toll-free: 1-800-451-9800  
TTY: (207) 512-3102

**DESIGNATION OF BENEFICIARY  
PRE-RETIREMENT DEATH BENEFITS**

State     PLD     Teacher     Other

**Please see reverse for important information regarding your designation.**

**EMPLOYEE**

Social Security Number:    -   -     Sex:  M     F    Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street or Box Number City/Town State Zip Code

Employer Code: \_\_\_\_\_ Employer Name: \_\_\_\_\_ Dept. \_\_\_\_\_

**DESIGNATION OF BENEFICIARY - PRIMARY**

Name(s) of Primary Beneficiary(ies)	Address with Zip Code	Social Security Number	Date of Birth	Relationship

**DESIGNATION OF BENEFICIARY - CONTINGENT**

Name(s) of Contingent Beneficiary(ies)	Address with Zip Code	Social Security Number	Date of Birth	Relationship

**Note: Contingent beneficiaries will be paid only if primary beneficiaries pre-decease you.**

I, the undersigned member of the Maine State Retirement System, acknowledge that I have read the information for Pre-Retirement Death Benefits, (Form #CL-0722-A), which explains pre-retirement death benefits, and hereby designate the above as my beneficiary(ies).

⇒ \_\_\_\_\_ ⇒ \_\_\_\_\_ ⇒ \_\_\_\_\_  
EMPLOYEE SIGNATURE SIGNATURE OF WITNESS DATE  
(CANNOT BE A DESIGNATED BENEFICIARY)

**PLEASE RETAIN A COPY FOR YOUR RECORDS.**

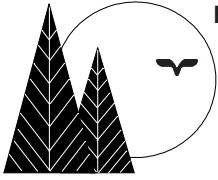
## INSTRUCTIONS

### THE DESIGNATION OF BENEFICIARY PRE-RETIREMENT DEATH BENEFITS FORM

1. The Primary Beneficiary(ies) you name will receive your retirement benefit if living at the time of your death. If the Primary Beneficiary(ies) are deceased at the time of your death, the Contingent Beneficiary(ies) you name will receive the benefit.
2. The Signature of Witness, Employee Signature, and Date must be completed in order for this form to be legally binding. The witness cannot be a designated beneficiary.
3. When a beneficiary is not related, state the relationship as "non-relative."
4. If you need more room, attach additional sheets, specify the type(s) of beneficiary(ies) you are naming, and include all requested information. Each additional sheet must be signed, witnessed, and dated in order to be legally binding.
5. Your Designation of Beneficiary form will be considered invalid and returned to you if:
  - you do not sign and date the form
  - you do not have your signature witnessed by a disinterested party
  - the form has been altered or is not legible
  - the form references another document or contains "and/or" or "or" in the designation
  - the designation lists only the first names of the beneficiaries
6. You have the right to change your beneficiary designation(s) at any time, without the consent of any person, by filing a new Designation of Beneficiary form. At your death, your retirement benefit will go to the beneficiary(ies) named on your most recent Designation of Beneficiary form if the signed, witnessed, and dated form was postmarked before your death.
7. If completing Membership Application and Beneficiary form, return completed forms to your Employer.

If completing Beneficiary form only,  
mail the completed form to:

Maine State Retirement System  
Attn: Survivor Services  
46 State House Station  
Augusta, ME 04333



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**INFORMATION REGARDING**

**DESIGNATION OF BENEFICIARY  
PRE-RETIREMENT DEATH BENEFITS**

This form is to be used to designate the person or persons to receive any pre-retirement death benefits payable by the Maine State Retirement System. **This designation does not apply to Group Life Insurance.** This is a legal document which, after preparation, may not be altered in any way by any person. A member desiring to change beneficiaries at a later date must complete a new Designation of Beneficiary form. The form on file most recently received by the System will determine your beneficiary.

You may designate one or more person(s), or your estate (as provided by statute). Benefits will be paid on a survivor basis. If you designate more than one beneficiary, payment will be made in equal shares unless you clearly specify to the contrary. Different shares must be specified by fractions or percentages not by dollar amount. Note: You may designate a contingent beneficiary(ies).

Your Designation of Beneficiary form will be considered invalid and returned to you if:

- you do not sign and date the form
- you do not have your signature witnessed by a disinterested party
- the form has been altered or is not legible
- the form references another document or contains "and/or" or "or" in the designation
- the designation lists only the first names of the beneficiaries

**DEFINITIONS OF TERMS USED**

1. **Beneficiary** means a person or persons designated by a member to receive a benefit or a person otherwise entitled to receive a benefit.
2. **Contingent Beneficiary** means a person or persons designated by a member to receive a benefit or a person otherwise entitled to receive a benefit, if the Primary Beneficiary(ies) are deceased at the time of the member's death.
3. **Dependent child or children** means any unmarried, natural, born or unborn, or legally adopted progeny of the member, under 18 years of age or under 22 years of age and a full-time student; or regardless of age or marital status, any other progeny certified by the Medical Board to be permanently mentally incompetent or permanently physically incapacitated and determined by the Executive Director to be unable to engage in any substantially gainful employment.
4. **Parent** means mother or father, stepmother or stepfather; **Father** means father or stepfather; **Mother** means mother or stepmother.
5. **Spouse** means the person currently legally married to the member.

Information regarding

DESIGNATION OF BENEFICIARY PRE-RETIREMENT DEATH BENEFITS

In the event of your death **ONE, BUT NOT MORE THAN ONE**, of the following benefits may be selected by your beneficiary(ies):

- A. **Refund of contributions:** A refund of the total amount of your contributions and allowable interest in the Maine State Retirement System is paid to your designated beneficiary(ies).
- B. **Reduced Retirement Benefits (Automatic Option 2):** A reduced monthly retirement allowance is paid to your beneficiary(ies) upon your death providing that you meet one of the following criteria. You: (1) are an active member; (2) are a disability retiree; or (3) have met retirement eligibility requirements, but have not yet retired. Any person(s) may be designated as a beneficiary(ies) for this **ordinary death benefit**. *NOTE: Not all members employed by participating local districts are covered by this provision. Please contact MSRS if you have questions whether this option would be available to your beneficiary(ies).*

If more than one beneficiary is designated, payment under A. or B. will be made in equal shares unless clearly specified to the contrary. Specify different shares by fractions rather than by amount.

- C. **Survivor Benefit:** A prescribed benefit that is paid only if a spouse, dependent child(ren), parents or other designated beneficiary(ies) is/are named as beneficiary(ies).
1. If a spouse is designated, dependent children are automatically included.
  2. If both parents are to be eligible, **BOTH** must be designated as beneficiaries.
  3. In order for dependent children to remain eligible for this benefit, you must change your beneficiary designation as each child becomes ineligible. See the definition of dependent child or children.
  4. Any other person may qualify as an "other designated beneficiary".

Survivor Benefits will be voided if you name a combination of (1) spouse and ineligible children, (2) spouse and parents, (3) parents and children, (4) other designated beneficiary with any other eligible beneficiary, or (5) dependent and non-dependent children.

**Although you may name more than one beneficiary, no Survivor Benefits will be paid if one or more of the designated beneficiaries does not qualify for Survivor Benefits. In this case the beneficiary(ies) will have the option to receive either a refund of contributions and allowable interest, or a reduced retirement benefit (Automatic Option 2), if applicable.**

*NOTE: Not all members employed by participating local districts are covered by this provision. Please contact MSRS if you have questions whether this option would be available to your beneficiary(ies).*

- D. In case of death due to a work-incurred illness or injury, the applicable accidental death benefits may be paid in lieu of any other benefits to a surviving spouse and/or dependent children in accordance with 5 MRSA, Article 5.