



MSRS

Minnesota State Retirement System

MSRS ID #: _____

or

Social Security #: _____

Beneficiary Designation Form

Last Name: _____ First Name: _____ Middle initial: _____

Address: _____

City: _____ State: _____ Zip: _____

Spouse's name: _____ Spouse's date of birth: _____

Check #1 or #2. See back for explanation.

1. As provided by law

2. To designate specific beneficiaries

A. Primary Beneficiary: If you name more than one person, they share equally or the payment goes to the survivors.

Name	Relationship	Permanent Address	Date of Birth

B. Contingent Beneficiary: If none of the above are living, payment will be made to your contingent beneficiary. If you name more than one person, they share equally or the payment goes to the survivor.

Name	Relationship	Permanent Address	Date of Birth

I designate those above as my beneficiaries.

Participant signature: _____ Date: _____

GOVERNMENT DATA PRACTICES ACT - TENNESSEN WARNING: The data you supply on this form will be used to process your benefit application. You are not legally required to provide this data, but we may not be able to process the application without it.

C. Spousal Waiver: If you have credit for three years of service, your surviving spouse will receive a 100 Percent Joint-and-Survivor benefit for life (highest amount payable to a member’s survivor). Or, your spouse may choose to receive a refund of the employee’s contributions plus interest. This applies regardless of any beneficiary designation you have made. You may waive this law by signing below in the presence of a notary. Your spouse must also sign in the presence of a notary.

I request that the above provision of the law not apply to my spouse. If there are no minor children, a lump-sum payment should be made only to an otherwise designated beneficiary.

Spouse’s Signature

Spouse’s Signature: _____ Date: _____

Subscribed before me this _____ day of _____, 20____ Notary Stamp
County of: _____
State of: _____
Notary public’s signature: _____

Participant’s Signature

Applicant’s signature: _____ Date: _____

Subscribed before me this _____ day of _____, 20____ Notary Stamp
County of: _____
State of: _____
Notary public’s signature: _____

As Provided by Law

General and Correctional Plans

If no beneficiary has been designated, or if the designated beneficiary is deceased, any money payable from MSRS must be paid in accordance with retirement law, M.S. 352, “to my surviving spouse; or if none, to my surviving children in equal shares; or if none, to my surviving parents in equal shares; or if none, to the representative of my estate.”

You may waive this law by signing the spousal waiver above along with the notarized signatures of you and your spouse.

Unclassified Plan

At any time after your death, your spouse may receive a lump-sum payment of the value of the member’s account, a lump-sum of a portion of the member’s account and a lifetime benefit based on the remaining value of the account, or a lifetime benefit based on the full value of the account. Your spouse is entitled to this benefit **regardless of any designation of beneficiary made by the employee.**

You may waive this law by signing the spousal waiver above along with the notarized signatures of you and your spouse.

If there is no surviving spouse, a lump-sum payment of the value of the account is paid to the designated beneficiary. If no beneficiary is named, the account is paid to the member’s children in equal shares; if no children, to the member’s parents in equal shares; if no parents, to the representative of my estate.

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