



**This form applies to MSRS
State Patrol, Judges, Legislators and Elective Officers Plans only.**

Member Name: _____ Social Security Number: _____

Address: _____ Spouse's Name: _____

_____ Spouse's Birth Date: _____

These plans include an automatic survivorship benefit for spouses and minor children. Your spouse may receive a lifetime benefit. If you have no spouse, your minor children collect a benefit for a limited time (see your handbook or visit our website at www.msrs.state.mn.us for more information). If you have no spouse, or qualifying children, payment of your deductions plus interest is paid to your estate. You may name a beneficiary(ies) here if you prefer a specific individual, or institution, to be paid a lump sum. If you name a trust, include its name and address.

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

Name	Relationship	Social Security Number	Date of Birth
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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	Social Security Number	Date of Birth
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I designate those above as my beneficiaries.

Employee Signature

Date

Sign full name using ink.

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.

**Return this form to:
Minnesota State Retirement System (MSRS), 60 Empire Drive, Suite 300, Saint Paul, MN 55103-3000**

Teletypewriter users and TDD users may call the Minnesota Relay Service at 1-800-627-3529, and ask to be connected to MSRS at 651-296-2761. Upon request, this information can be made available in alternative format, such as large print, Braille, or cassette tape.