

Beneficiary Add/Change Form

FOR PARS USE ONLY	Agency:	Funding Company:	Processed By:
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Participant Information

Participant Name: _____ Phone #: _____

SSN: _____ Check One: Add Beneficiary Change Beneficiary

Marital Status: Single Married Widowed Other: _____

Beneficiary Information

- Your Plan requires that if you are married or have a registered domestic partner (RDP), your surviving spouse/RDP will be your sole primary beneficiary, unless your spouse/RDP waives this right.
- If you wish to designate a person other than your spouse/RDP as your sole primary beneficiary, you must obtain notarized consent from your spouse/RDP in the Spousal/Registered Domestic Partner Consent section below. Failure to obtain your spouse/RDP's consent in this instance will render this designation invalid. Any consent by a spouse/RDP applies only to that spouse and not to any future spouse/RDP.
- You are considered married if you are under decree of separate maintenance or decree of legal separation.
- If the location of your spouse/RDP is unknown, you must contact PARS for an additional Affidavit to complete.
- You may not change your beneficiary designation for any Joint-and-Survivor benefit after your retirement.

Beneficiary Percentage: _____ % Primary Secondary

Name: _____ SSN: _____ Date of Birth: ____ / ____ / ____

Phone: (_____) _____ Relationship: _____ Sex: _____

Address: _____

City: _____ State: _____ ZIP: _____

Beneficiary Percentage: _____ % Primary Secondary

Name: _____ SSN: _____ Date of Birth: ____ / ____ / ____

Phone: (_____) _____ Relationship: _____ Sex: _____

Address: _____

City: _____ State: _____ ZIP: _____

► **Participant Signature:** **Date:**

Spousal/Registered Domestic Partner Consent

Complete ONLY if your spouse or registered domestic partner will NOT be your 100% primary beneficiary.

I hereby consent to the above beneficiary designation of my spouse/registered domestic partner, a participant of this Plan. I understand that in consenting to the designation of anyone except myself as beneficiary, I am waiving my rights to a survivor benefit that I would legally be entitled to at a later date.

Please have the notary attach a separate acknowledgement to notarize Spouse/Registered Domestic Partner Signature

► **Spouse/Registered Domestic Partner Signature:** **Date:**

A completed form will be processed within 30 days of receipt in the PARS office.