



2101 South Veterans Parkway
 P.O. Box 19255
 Springfield, IL 62794-9255

217-785-7444
 Email: sers@srs.illinois.gov

Death Benefit Beneficiary Designation

Refer to instructions on opposite page. Type or print in ink.

Member information

Name (Last, first, middle)

SSN (last 4) or Member ID

Address (Street, City, State, Zip)

Phone number

Any death benefits payable by State Employees' Retirement System shall be paid in EQUAL SHARES to the following beneficiaries who survive me.

PRIMARY

Beneficiary name (last, first, middle initial)	Street Address	SSN (last 4 digits) (optional)
Relationship / Phone number	City, State, Zip code	Date of Birth (MM/DD/YYYY)

In the event all primary beneficiaries die before me, the death benefit shall be paid in EQUAL SHARES to the following secondary beneficiary(ies) who survive me.

SECONDARY

Beneficiary name (last, first, middle initial)	Street Address	SSN (last 4 digits) (optional)
Relationship / Phone number	City, State, Zip code	Date of Birth (MM/DD/YYYY)

By signing below I certify this information is correct and that I am aware that knowingly making a false statement or falsifying a record in an attempt to defraud SERS is a class 3 felony. I understand that if the SERS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud SERS, it is required to report the matter to the appropriate State's Attorney for investigation.

Member signature _____ Date _____

Beneficiary Designation Instructions

This form is used to designate beneficiaries to receive any lump-sum death benefits payable from the State Employees' Retirement System (SERS) in the event of your death. If you do not designate beneficiaries, death benefits will be paid to your estate. The Death Benefit Beneficiary Designation Form does **not** pertain to survivor benefits or life insurance proceeds.

This form should be typed or printed clearly in ink. Cross through and initial any corrections or changes. Do not use correction fluid. If you need additional space for primary or contingent beneficiaries, attach a signed and dated sheet listing additional beneficiaries, including all details, as indicated in Beneficiary Designation section.

Payment progression: Your death benefits will be paid first to your primary beneficiaries. If some of your primary beneficiaries die before you, your death benefit will be divided among those primary beneficiaries who are still living. Secondary beneficiaries will receive benefits only if no primary beneficiary survives you.

If you specify percentages to be paid to beneficiaries in either the primary or secondary designation areas, the percentages in each category must total 100%. If you choose to designate specific percentages, please write the percentage next to each name.

Please provide all of the requested information for each designated beneficiary, including the date of birth and last four digits of the Social Security number as this information will help SERS locate your beneficiaries. If you want to name your estate as beneficiary, write the word "Estate" on the Death Benefit Beneficiary Designation Form. It will be the responsibility of your executor to distribute the proceeds as outlined in your will.

DO NOT return this form to your agency. The beneficiary designation must be returned to SERS and becomes effective when received and deemed valid by SERS. Invalid forms will be returned with further instructions. Any form received by SERS after the member's date of death will be invalid.

You may change beneficiaries at any time by completing a new Death Benefit Beneficiary Designation Form. The form on file at SERS that has the most recent date located next to the member's signature will take precedence.

Once you have completed your designation and signed and dated the form, it must be mailed or sent by facsimile to SERS. **DO NOT** email this form to SERS. Email is not secure and puts your personal information at risk.

A person with Power of Attorney may sign a Death Benefit Beneficiary Designation Form on behalf of a member. They must also submit a copy of the Power of Attorney papers and the papers must specifically state that the person with Power of Attorney has the right to name and/or change the beneficiaries for the member.

An acknowledgement will be sent to active and inactive employees upon receipt of a valid designation. Retirees will be notified of a valid designation on their annual benefit statement.