



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — BENEFICIARY SERVICES

P.O. Box 295, Trenton, NJ 08625-0295

ACTIVE MEMBER DESIGNATION OF BENEFICIARY**PART 1 — MEMBER INFORMATION**

Name _____ Membership Number _____

Address _____

Birth Date ____/____/____ Social Security Number _____ Phone Number _____

PART 2 — GROUP LIFE INSURANCE — This designation is for any group life insurance benefit payable at the time of your death. If no beneficiaries are named, the benefit will be payable to your estate.

Primary Beneficiary(ies) - Will receive this benefit upon your death.

Beneficiary Name	Relationship	Social Security Number	Birth Date
1. _____	_____	_____	____/____/____
Address _____			
2. _____	_____	_____	____/____/____
Address _____			
3. _____	_____	_____	____/____/____
Address _____			

Contingent Beneficiary(ies) - Will receive this benefit if all primary beneficiaries listed above predecease you.

Beneficiary Name	Relationship	Social Security Number	Birth Date
1. _____	_____	_____	____/____/____
Address _____			
2. _____	_____	_____	____/____/____
Address _____			
3. _____	_____	_____	____/____/____
Address _____			

PART 3 — PENSION BENEFIT — This designation is for the return of the contributions you made to the pension plan. If no beneficiaries are named, this benefit will be payable to your estate.

Primary Beneficiary(ies) - Will receive this benefit upon your death.

Beneficiary Name	Relationship	Social Security Number	Birth Date
1. _____	_____	_____	____/____/____
Address _____			
2. _____	_____	_____	____/____/____
Address _____			
3. _____	_____	_____	____/____/____
Address _____			

Contingent Beneficiary(ies) - Will receive this benefit if all primary beneficiaries listed above predecease you.

Beneficiary Name	Relationship	Social Security Number	Birth Date
1. _____	_____	_____	____/____/____
Address _____			
2. _____	_____	_____	____/____/____
Address _____			
3. _____	_____	_____	____/____/____
Address _____			

Member's Signature _____ Date ____/____/____

FREQUENTLY ASKED QUESTIONS

1. Q. All of my beneficiaries' information will not fit on this application. What do I do?

A. If additional space is required, an attachment sheet is acceptable, provided it is signed and dated by you. In addition to the beneficiary information, please be sure to include your name, date of birth, address, daytime telephone number and full Social Security number.

2. Q. What if my beneficiary doesn't have a Social Security Number?

A. Beneficiaries who do not have a Social Security Number will be contacted by the NJDPB instructing them to complete and return a Federal *Form W-8BEN*. Upon receipt of the completed form, any death benefit will be payable to your beneficiary minus 30 percent federal income tax. No payment will be issued until a properly completed *Form W-8BEN* is received.

3. Q. What if I leave a section blank?

A. If the Group Life Insurance section is left blank, any group life insurance payment will be payable to your estate. If the pension benefit section is left blank, and you are a member of PERS or TPAF, the return of member contributions will be payable to your estate. If the pension benefit section is left blank and you are a member of PFRS or SPRS, the pension benefit will be determined by the governing statutes regarding surviving spouse/civil union partners/eligible domestic partners, minor children, and dependent parents. If none of the aforementioned relationships are applicable to you at the time of your death as an active member and the pension benefits section is left blank, the return of member contributions will be payable to your estate.

4. Q. I am in the process of getting divorced. How should I word my form?

A. Since each divorce case (or dissolution of a civil union) is different and can be complex, please refer please refer to the *Divorce, Dissolution of a Civil Union, and Retirement Benefits* Fact Sheet. You may obtain this fact sheet by visiting our website at: www.nj.gov/treasury/pensions

5. Q. Can my Power of Attorney complete my *Active Member Designation of Beneficiary* form?

A. Per statute, in order for a Power of Attorney to change beneficiary information, his or her Power of Attorney documents must specifically state this right. Further, should you wish the Power of Attorney to be able to nominate himself or herself as beneficiary, the Power of Attorney document must specifically state that right as well. Most standard Power of Attorney documents do not grant these rights. Before your Power of Attorney files an *Active Member Designation of Beneficiary* form on your behalf, please carefully review your Power of Attorney documents. If your power of attorney completes the form, you must supply a copy of the POA with the beneficiary change form.

DOs & DON'Ts

Do designate both primary and contingent beneficiaries. Unless otherwise stated, all beneficiaries will share and share alike. You may nominate any of the following as your primary or contingent beneficiary:

- A person or persons;
- A trust, institution, charity, or corporation; or
- Your estate. Upon your death, a court-ordered surrogate certificate will be required.

If you choose a distribution of benefits other than the standard share and share alike, e.g., specific percentages, or if you are designating a minor or acting as power of attorney for the retired member, please refer to the *Beneficiary Designation* Fact Sheet before completing this form. You may obtain this fact sheet by visiting our website at:

www.nj.gov/treasury/pensions

Do use full, proper names. When naming a married female as beneficiary, be certain the proper name is given, e.g., Mary J. Jones, not Mrs. John R. Jones. You must list each individual using his or her specific name; such phrases as "my children," "my living grandchild," or "my children's issue" will not be accepted.

Do use full Social Security numbers, dates of birth, and mailing addresses for your beneficiaries. Incomplete forms will not be accepted.

Do not send a photocopy or fax this form. Our office requires original *Active Member Designation of Beneficiary* forms.

Do not use white out or cross out names to make changes in designation. This makes the form unacceptable and a new form will be mailed to you for your completion.

Do not use an *Active Member Designation of Beneficiary* form to update a beneficiary's address. Instead, send us a signed letter notifying us of your beneficiary's address change. Your letter will be added to your file so your beneficiary information remains current.