NPERS
Nebraska Public Employees
Retirement Systems

1221 N Street, Suite 325, P.O. Box 94816
Lincoln, NE 68509-4816
402-471-2053 or 800-245-5712
Fax 402-471-9493
www.npers.ne.gov

Name (Last / First / Middle / Maiden)		Date of Birth - -	Plan Type (check all that apply)
Social Security Number - -	Retirement Number		☐ School ☐ State ☐ County ☐ Judges ☐ Patrol ☐ DCP
Address	City	State Zip	
Home Phone	Work Phone	Employer	

Beneficiary Designation Form

Read Carefully Before Completing: Use this form to designate or change your beneficiaries for the Retirement Plan indicated above. Benefits will be paid to your survivors exactly as you provide on this form. This form supersedes prior beneficiary designation forms. If you name a trust or other legal entity as your beneficiary, include the name of both the trust and the trustee. Submit the original document only; **photocopies and faxes will not be accepted**. If you wish to designate more than three beneficiaries in either the Primary or Contingent category, you must attach a supplemental form(s) and indicate the number of additional pages here. _____

Primary Beneficiary(ies) I designate the following person(s) to be my Primary Beneficiary(ies) for the Retirement Plan noted above. All Primary Beneficiaries designated will share equally in the benefit unless I have included a percentage (%) amount on the line following the date of birth below. **(The shares of all Primary Beneficiaries must equal 100%.)**

Name of Beneficiary	Spouse/Child/Other	M / F Gender	Social Security Number	Date of Birth	%
Address	City	State	Zip		
Name of Beneficiary	Spouse/Child/Other	M / F Gender	Social Security Number	Date of Birth	%
Address	City	State	Zip		
Name of Beneficiary	Spouse/Child/Other	M / F Gender	Social Security Number	Date of Birth	%
Address	City	State	Zip		

0.00

Contingent Beneficiary(ies) I designate the following person(s) to be my Contingent Beneficiary(ies) for the Retirement Plan noted above. I understand my Contingent Beneficiary(ies) will receive a share of my benefit if all Primary Beneficiaries pre-decease me or refuse their shares of the benefit. All Contingent Beneficiaries designated will share equally in the benefit unless I have included a percentage (%) amount on the line following the date of birth below. **(The shares of all Contingent Beneficiaries must total 100%.)**

Name of Beneficiary	Spouse/Child/Other	M / F Gender	Social Security Number	Date of Birth	%
Address	City	State	Zip		
Name of Beneficiary	Spouse/Child/Other	M / F Gender	Social Security Number	Date of Birth	%
Address	City	State	Zip		
Name of Beneficiary	Spouse/Child/Other	M / F Gender	Social Security Number	Date of Birth	%
Address	City	State	Zip		

0.00

Signature of Member_____Date_____

I hereby certify that the above member, whose identity I have established to my own satisfaction, freely and voluntarily signed this beneficiary designation form in my presence

State of _____

County of_____ } Subscribed and sworn before me this _____ day of _____ , _____

Notary Public Signature_____ My commission expires: _____

NPERS1300 Rev. 06/08

BAR CODE

Beneficiary Designation Supplemental Form

IMPORTANT: This form is to be used as a supplement to the Beneficiary Designation Form only if you wish to designate more than three Primary or Contingent Beneficiaries. You may use as many Supplemental forms as needed. <u>This form will not be accepted without the original notarized Beneficiary Designation Form.</u>

Name _____

Social Security Number _____-_____-_____ **Retirement Number**_____

Primary Beneficiary(ies) (Continued)

Fill in a percentage amount (%), for all persons designated below **(the shares of all primary beneficiaries must equal 100 %, including those listed on page 1.)**. If all beneficiaries are to share equally no percentage needs to be listed.

Name of Beneficiary	Spouse/Child/Other	M / F Gender	Social Security Number	Date of Birth	%
Address	City		State	Zip	
Name of Beneficiary	Spouse/Child/Other	M / F Gender	Social Security Number	Date of Birth	%
Address	City		State	Zip	
Name of Beneficiary	Spouse/Child/Other	M / F Gender	Social Security Number	Date of Birth	%
Address	City		State	Zip	
Name of Beneficiary	Spouse/Child/Other	M / F Gender	Social Security Number	Date of Birth	%
Address	City		State	Zip	

0.00

Contingent Beneficiariary(ies) (Continued)

Fill in a percentage amount (%), for all persons designated below **(the shares of all contingent beneficiaries must equal 100%, including those listed on page 1)**. If all beneficiaries are to share equally no percentage needs to be listed.

Name of Beneficiary	Spouse/Child/Other	M / F Gender	Social Security Number	Date of Birth	%
Address	City		State	Zip	
Name of Beneficiary	Spouse/Child/Other	M / F Gender	Social Security Number	Date of Birth	%
Address	City		State	Zip	
Name of Beneficiary	Spouse/Child/Other	M / F Gender	Social Security Number	Date of Birth	%
Address	City		State	Zip	
Name of Beneficiary	Spouse/Child/Other	M / F Gender	Social Security Number	Date of Birth	%
Address	City		State	Zip	

0.00

Signature of Member _____ Date _____

PRINT

BAR CODE