

INSTRUCTIONS FOR COMPLETING THE DESIGNATION OF BENEFICIARY

Complete this form if you wish to designate a beneficiary for VRS Basic and Optional Group Life Insurance and for your retirement contribution account. It is only necessary to designate a beneficiary if you want payment to be made in a way other than the order of precedence established by law.

Please read the information provided on this form to understand your options for designating a beneficiary. Additional information is provided in the [VRS Handbook for Members](#), which is available on the VRS Web site or from your benefits administrator.

Life Insurance Benefits

The order established by law provides that payment of your VRS Basic and Optional Group Life Insurance benefits will be made as follows in the event of your death:

- To your spouse;
- *if no surviving spouse*, to your children and descendants of deceased children, per stirpes;
- *if none of the above*, to your parents equally or to the surviving parent;
- *if none of the above*, to the duly appointed executor or administrator of your estate;
- *if none of the above*, to other next of kin entitled under the law of the state you live in at the time of death.

Retirement Benefits

Death in Service

If you die while in service with a VRS-covered employer, and your death is **not** work-related, VRS pays benefits as follows:

- If no designation is made, or the death of all of your primary and contingent designated beneficiaries occurs prior to your death and another designation is not made, the beneficiary is determined based on the order of precedence shown above in Life Insurance Benefits.
- If you name your spouse, minor child(ren), or parent(s) as a beneficiary, or they are deemed the beneficiary due to the order established by law, that person may receive a monthly benefit or may elect a refund of the contributions and accrued interest in your account.
- If the beneficiary named, or determined by the order of precedence, is someone other than your spouse, minor child(ren), or parent(s), a refund of the contributions and interest credited to your account is paid.

If you die while in service with a VRS-covered employer, and your death **is** work-related, a refund of contributions and interest is paid to your designated beneficiary. If no designation is made, or the death of all of your primary and contingent designated beneficiaries occurs prior to your death and another beneficiary is not designated, the contributions and interest credited to your account are refunded to the beneficiary as determined by the order of precedence shown above in Life Insurance Benefits.

In addition to the refund of contributions and interest, a monthly benefit is paid to your surviving spouse for life. If you have no surviving spouse, the monthly benefit is paid to your minor child(ren) until age 18. If you have no minor child(ren), the benefit is paid to your parent(s) for life. All benefits are governed by and subject to the Virginia Retirement Act (Title 51.1 Code of Virginia.)

Death After Retirement

If you die after your effective date of retirement and chose a payout option other than a Survivor Option, a refund of the contributions and interest that have not been paid to you as a monthly retirement benefit is refunded to your named beneficiary or, if no beneficiary designation is on file with VRS, the first person qualifying based on the order of precedence shown above in Life Insurance Benefits.

If you die after your effective date of retirement and chose a Survivor Option, your monthly retirement benefit payment continues to the person you named as your contingent annuitant.

If you are retired, selected a survivor option and wish to change the name of the person you selected to receive the monthly benefit at the time of your death, contact VRS for further information. *This form cannot be used to change the contingent annuitant you designated at retirement.*

Death After Termination

If you die after you have terminated your employment in a VRS-covered position but before beginning to receive a monthly retirement benefit, and have not taken a refund of the contributions and interest credited to your account prior to your death, a refund of the contributions and interest credited to your account is paid to your named beneficiary; or in the case of no beneficiary designation on file, to the first person qualifying based on the order of precedence shown above in Life Insurance Benefits.

Other Key Points to Remember

1. This form cannot be used to designate a beneficiary for your spouse and children's coverage under the Optional Life Insurance Plan because you are the beneficiary of those benefits.
2. If you name multiple primary beneficiaries, other than those established by law for death in service benefits, the proceeds will be split equally, unless you instruct otherwise in the Share % box for each beneficiary on this form. All beneficiaries must be listed on this form. No attachments will be accepted.
3. In order to be valid, this form must be filled out completely, and your signature must be notarized. Use given names such as "Mary L. Doe" rather than "Mrs. John Doe."
4. If a **minor** (child less than 18 years of age) is named as beneficiary, a guardian for the financial estate of the minor, must be appointed by the court before benefits can be paid.
5. If an **estate** is named as beneficiary, a probated will appointing an administrator or executor must be provided or the court must appoint an administrator or an executor before benefits can be paid.
6. If a **trust** is named as beneficiary, list the name of the trustee and the date that the trust agreement was completed. Do not submit a copy of the trust with this form. A copy will be requested when the claim for benefits is made.
7. Forms that have been altered cannot be accepted. If you make an error when completing this form, either complete a new form or initial the information that was changed.
8. *Beneficiary Types:* When you choose beneficiaries other than the order of precedence, you must designate each beneficiary as primary or contingent.
Primary: Person(s) to receive the death benefits payable upon your death.
Contingent: Person(s) to receive the death benefits payable upon your death, if the primary beneficiary(ies) dies before you.
9. *Share %:* You may provide less than 100% share to your beneficiaries. You may break down the shares designated in Part B different from those in Part C. Designations in Part B must total 100%, and designations in Part C must also total 100%.

Completing the Form

Part A. Member/Retiree Information

- Box 1-5: Enter your personal information. Your social security number must be included on this form before it can be accepted. The employer name is required only for active members.
- Box 6: Initial this statement to reflect your decision to revoke all previous designations for the VRS Basic and Optional Group Life Insurance as well as designations for accumulated VRS retirement contributions and benefits.

Part B. Designation of Beneficiary for VRS Basic and Optional Group Life Insurance

- Box 7: Check this box if you elect payment of basic and optional group life insurance to be made in the order of precedence established by law.
- If you do *not* choose to follow the order of precedence, then complete the beneficiary information for each person you wish to designate. You must complete the required information for each beneficiary you designate. This includes the named beneficiary's full name, social security number and complete address as well as whether the beneficiary is primary or contingent, the person's relationship to you, the percentage of life insurance to be paid to the beneficiary and the beneficiary's birth date.

Part C. Designation of Beneficiary for Accumulated VRS Retirement Contributions/Benefits

- Box 8: Check this box if you elect payment of any accumulated VRS retirement contributions/benefits to be made in the order of precedence established by law.
- If you do *not* choose to follow the order of precedence, then complete the beneficiary information for each person you wish to designate. You must complete the required information for each beneficiary you designate. This includes the full name of the beneficiary, the social security number, complete address, the person's relationship to you, and birth date. You must also choose whether the person will be designated as primary or contingent.

Part D. Certification

- Box 9-10: Sign and date the member certification in Box 9 and have a Notary witness your signature in Box 10.

When you have completed the form, make a copy for your records and mail the original to VRS at the address on the form.



DESIGNATION OF BENEFICIARY

VIRGINIA RETIREMENT SYSTEM
 P.O. Box 2500
 Richmond, Virginia 23218-2500
 Phone 804/649-8059
 Toll Free 1/888/VARETIR (827-3847)
 www.varetire.org

1. Employer Name
2. Social Security Number

PART A. MEMBER/RETIREE INFORMATION

3. Name (First) (MI) (Last) (Jr./Sr.)	4. Are you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Address (Street) (City) (State) (Zip)	
6. I do hereby revoke all previous designations of primary and contingent beneficiaries, if any, and so hereby designate the following as beneficiary(ies) of the proceeds of the basic and optional group life and accidental death and dismemberment insurance policies administered by VRS, if I am covered under those policies, and the accumulated retirement contributions/benefits to my credit in the Virginia Retirement System in the event of my death. Member Initials: _____	

PART B. DESIGNATION OF BENEFICIARY FOR VRS BASIC AND OPTIONAL GROUP LIFE INSURANCE

7. <input type="checkbox"/> I elect payment to be made in the order of precedence established by law. Check this box to elect payment of basic and optional group life insurance to be made in the order of precedence established by law and as listed in the instructions of this form. If you check this box, do <i>not</i> complete the information below. Continue to Part C. If you want to designate specific beneficiaries, do not check this box and provide the required information below:			
Full Name (Person or Estate) (First) (MI) (Last) (Jr./Sr.)			Social Security Number
Address (Street) (City) (State) (Zip)			
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date
Full Name (Person or Estate) (First) (MI) (Last) (Jr./Sr.)			Social Security Number
Address (Street) (City) (State) (Zip)			
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date
Full Name (Person or Estate) (First) (MI) (Last) (Jr./Sr.)			Social Security Number
Address (Street) (City) (State) (Zip)			
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date
Full Name (Person or Estate) (First) (MI) (Last) (Jr./Sr.)			Social Security Number
Address (Street) (City) (State) (Zip)			
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date
Name of Trust Organization			Date of Trust
Address (Street) (City) (State) (Zip)			
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Trustee or Organization Executive Officer	



PART C. DESIGNATION OF BENEFICIARY FOR ACCUMULATED VRS RETIREMENT CONTRIBUTIONS/BENEFITS

8. I elect payment to be made in the order of precedence established by law.

Check this box to elect payment of accumulated VRS retirement contributions and benefits to be made in the order of precedence established by law and as listed in the instructions of this form. If you check this box, do *not* complete the information below.

If you want to designate specific beneficiaries, do not check this box and provide the required information below:

Full Name (Person or Estate) (First) (MI) (Last) (Jr./Sr.)				Social Security Number
Address (Street)		(City)	(State)	(Zip)
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date	
Full Name (Person or Estate) (First) (MI) (Last) (Jr./Sr.)				Social Security Number
Address (Street)		(City)	(State)	(Zip)
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date	
Full Name (Person or Estate) (First) (MI) (Last) (Jr./Sr.)				Social Security Number
Address (Street)		(City)	(State)	(Zip)
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date	
Full Name (Person or Estate) (First) (MI) (Last) (Jr./Sr.)				Social Security Number
Address (Street)		(City)	(State)	(Zip)
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date	
Name of Trust Organization				Date of Trust
Address (Street)		(City)	(State)	(Zip)
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Trustee or Organization Executive Officer		

PART D. CERTIFICATION

9. Member Certification: I do hereby direct that should I survive all of the above-named primary and contingent beneficiaries, any amount(s) which otherwise would have been payable to such beneficiary(ies) shall be paid in the order of precedence established by law and as listed in the instructions of this form or to such other beneficiary(ies) as I shall hereafter designate by written designation filed with the VRS Board of Trustees in accordance with its procedures. The right to change the beneficiary(ies) designation without the consent of said beneficiary(ies) is reserved. (Persons holding a Power of Attorney, acting under a Guardianship, or acting as a Trustee may not make or change any beneficiary designation unless the relevant documentation specifically grants the authority to do so. Persons not holding such documents may not make or change any member's beneficiary designation unless granted the authority to do so by court order.)

Member's Signature

Date

10. NOTARY

THE FOLLOWING CERTIFICATION MUST BE EXECUTED BY A NOTARY PUBLIC OR OTHER COURT OFFICIAL AUTHORIZED TO TAKE ACKNOWLEDGEMENTS. THIS FORM IS NOT VALID UNLESS PROPERLY NOTARIZED.

State of _____ City/County of _____ on _____
Month Day Year

This individual whose name is signed to the foregoing instrument appeared before me, acknowledged the foregoing signature to be his/hers, and having been duly sworn by me, made an oath that the statements in the said instrument are true.

My commission expires _____

Notary Signature

