



Utah Retirement Systems
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BENEFICIARY DESIGNATION FORM

- Instructions:**
1. Please print or type in black ink.
 2. Please review both sides of this form before completing.
 3. This form must be completed in its entirety and returned to URS for processing.

SECTION A - MEMBER INFORMATION (Must be completed in all cases.)				
SOCIAL SECURITY NUMBER OR URS-ASSIGNED ACCOUNT NUMBER			DATE OF BIRTH	
FIRST NAME	MI	LAST NAME		
<input type="checkbox"/> I am a retired member receiving a pension check/benefit. <input type="checkbox"/> I am a retired member's spouse. (check only if applicable)				
MARITAL STATUS				
<input type="checkbox"/> MARRIED - List spouse's name and birth date _____				
PLAN MEMBERSHIP				
<input type="checkbox"/> All plans in which I participate				
<input type="checkbox"/> Pension <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Retirement (Options 1 & 2) <input type="checkbox"/> 401(k) Plan <input type="checkbox"/> Roth IRA <input type="checkbox"/> Retiree Life Insurance <input type="checkbox"/> 457 Plan <input type="checkbox"/> Spouse Life Insurance				
If you wish to designate different beneficiaries for each plan, you must complete a separate form for each plan. If no box is checked, all options in the Defined Benefit (pension) Plan and URS Savings Plans in which you participate will be affected by the change.				
To name additional beneficiaries, attach another page to this sheet and include your name, Social Security number, date, and signature.				
SECTION B - BENEFICIARY INFORMATION				
I make the following beneficiary designations for my URS Plan(s) indicated above. I revoke all previous designations and designate the following to receive my plan(s) benefits payable upon my death. Note: You must list ALL beneficiaries you wish to designate. This update will replace any beneficiary designations previously on file.				
Designation	Full Given Name of Beneficiary	Relationship	Birth Date	Mailing Address
<input type="checkbox"/> Primary				Street
<input type="checkbox"/> Contingent				City State Zip
<input type="checkbox"/> Primary				Street
<input type="checkbox"/> Contingent				City State Zip
<input type="checkbox"/> Primary				Street
<input type="checkbox"/> Contingent				City State Zip
<input type="checkbox"/> Primary				Street
<input type="checkbox"/> Contingent				City State Zip
To designate a trust as beneficiary, complete this section.				
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent				
Name of Trust _____ Date _____				
Name of Trustee(s) _____				
Trustee(s) Address _____				
<input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Trust (or becomes irrevocable, by its terms, upon the death of the member)				
SECTION C - MEMBER AUTHORIZATION				
SIGNATURE OF MEMBER			DATE	

Carefully read the following information on beneficiary designation before completing this form.

Considerations When Naming Beneficiaries

1. List *ALL* beneficiaries. Beneficiary payments are paid from the most recent beneficiary designation on file with Utah Retirement Systems (URS).
2. Types of beneficiaries:
 - A. **Primary** - Person to receive the benefits upon your death.
 - B. **Contingent** - Person to receive the death benefits upon your death if the primary beneficiary is deceased.
3. If you name multiple primary beneficiaries, the proceeds will be split equally, unless otherwise instructed on the form.
4. If your primary beneficiary(ies) die(s) before you, and you have not named a contingent beneficiary, the proceeds will be subject to Title 75, Chapter 2 of the Utah Uniform Probate Code.
5. If you name a trust as beneficiary, be sure to list the name and date of the trust along with the name and address of the trustee and whether it is a revocable or irrevocable trust (or becomes irrevocable, by its terms, upon your death).
6. If you name minor children as beneficiaries, we will require legal guardianship papers for each child if, at the time of your death, they are unmarried and under age 18 or a dependent child who is unmarried with a mental or physical disability.
7. If you are completing this form as a power-of-attorney agent or guardian for a member, please attach a copy of your power-of-attorney or guardianship papers for URS review.
8. You may change your personal information (name, address, marital status) at any time by submitting a Change In URS Records form (MECF-1) to URS.

THIS BENEFICIARY CHANGE APPLIES ONLY TO PLANS ADMINISTERED BY UTAH RETIREMENT SYSTEMS.

If your employer provides additional term life insurance, you will need to file a beneficiary change with the carrier (e.g., PEHP, Educators Mutual, or other carriers).

Special Conditions for Defined Benefit (Pension) Plan

Public Safety, Judges' and Firefighters' Retirement Systems: There may be restrictions on who may be designated as a beneficiary. If you meet eligibility requirements, a monthly benefit will be paid to your spouse upon your death.