



11410 SW 68th Parkway, Tigard OR 97223
Mailing Address – PO Box 23700, Tigard OR 97281-3700
Toll free – 888-320-7377 Fax – 503-598-0561
Website – <https://oregon.gov/pers>

IAP Pre-Retirement Designation of Beneficiary Packet

This form is strictly for the Individual Account Program (IAP).

Determining which form to complete

- Fill out only the form that applies to your situation.
- If you are married, or there exists at the time of death any other person who is constitutionally required to be treated in the same manner as a spouse for the purpose of retirement benefits, you must fill out the [IAP Pre-Retirement Designation of Beneficiary: Married Applicant form](#).
- If you are single, you must fill out the [IAP Pre-Retirement Designation of Beneficiary: Single Applicant form](#).
- If you have an IAP and an alternate payee IAP account, you need to fill out a separate form for each account.

Things to consider

- You must fill out a beneficiary form for the Individual Account Program (IAP) even if you have already submitted a PERS Tier One/Tier Two Pre-Retirement Beneficiary form.
- **It is important that you file a Designation of Beneficiary form with PERS for your IAP account.** If you die before retirement and there is no IAP Designation of Beneficiary form on file, distribution of your IAP account will be in accordance with statute, in the following order of priority: your surviving spouse or other person who is constitutionally required to be treated in the same manner as a spouse, your surviving children, and your estate.
- If your designated beneficiary predeceases you, any IAP death benefits that might be due and payable will be distributed in accordance with statute.

Information for married applicants

- Your IAP account must be paid to your spouse unless your spouse consents to a different beneficiary.
- If you want to designate someone other than your spouse, your spouse must sign a notarized consent.
- Your spouse can revoke this consent up to the time of your death. To revoke spousal consent, your spouse must complete and submit the [IAP: Revocation of Spousal Consent of Beneficiary Designation form](#). Once PERS accepts and approves the revocation form, your spouse will be considered the beneficiary unless you file another valid change of beneficiary form, with your spouse's consent, with PERS.
- If you name your spouse as beneficiary and you get divorced, your spouse will be deemed as having predeceased you unless you or a court order expressly designates your former spouse to continue as beneficiary after the effective date of your divorce. This means that your former spouse is no longer your beneficiary unless otherwise provided by you or a court order.
- **If your spouse has consented to another beneficiary and you have designated a beneficiary in Section B or C, your spouse must sign the form in front of a notary to complete Section D.**



IAP Pre-Retirement Beneficiary Designation: Married Applicant

Section A: Member information

First name	MI	Last name	PERS ID (optional)	
Mailing address (street or PO box)			Social Security number (SSN)*	
City	State	ZIP code	Country	Date of birth (mm/dd/yyyy)
Home phone number	Work phone number	Cell phone number	Email (optional)	

Section B: Beneficiary designation (select only one)

SPOUSAL DESIGNATION – I acknowledge my beneficiary is my spouse.

A married applicant's account must be paid to the spouse unless the spouse consents to another beneficiary. Notarized spousal consent is required to designate a beneficiary other than the spouse.

Spouse's name (required): _____ (Go to Section E and complete.)

OTHER DESIGNATION – My spouse consents to the following designation:

(Select Specific designation or Standard designation below)

SPECIFIC - I elect to use the **Specific** designation. (Complete Section C, D, and E.)

STANDARD - I elect to use the **Standard** designation. (Complete Section E.)

The standard designation directs PERS to pay benefits in the order listed below:

- 1) Your spouse, if legally married at the time of death. If not married, then to
- 2) Your child** or children in equal shares. If any of your children are deceased, their portion is equally divided between their children who are alive at the time of your death. If all of your children predecease you, the benefit will be awarded to your grandchildren living at the time of your death, in equal shares. If no children or grandchildren survive you, then to
- 3) Your mother and father in equal shares, or to the survivor. If neither survives, then to
- 4) Your brothers and sisters in equal shares, and the share of any brother or sister who does not survive you, to his or her children living at the time of your death in equal shares. If none of your brothers or sisters survive you, to the children of your brothers and sisters living at the time of your death in equal shares. If neither your siblings nor their children survive you, then to
- 5) Your estate.

**Natural born and adopted children are considered "children" even if you selected the standard designation before or after their adoption or birth. If your children are adopted by someone else, they are not considered your "children" under the standard designation. If you wish to name the adopted-out children as your beneficiary, use the specific designation part of this form.

*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it could take PERS staff longer to process your form. In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You can request help by calling toll free 888-320-7377 or TTY 503-603-7766.

Section C: Specific designation (persons, charity, trust, or estate) instructions

Naming specific beneficiaries

Providing requested information assists in locating your beneficiary.

If you need to add more beneficiaries, attach an additional sheet of paper that includes all the same information listed in the table for each beneficiary. Include your name and SSN at the top of each additional sheet.

- The percentages assigned to primary beneficiaries must total 100 percent.
- If you do not assign percentages, the beneficiaries on that level (primaries or alternates under each specific primary) will share equally.
- You can name one or more alternate beneficiaries for each of your primary beneficiaries. The alternates will receive the primary beneficiary's share if the primary beneficiary predeceases you.
Note: The percentage you designate for the alternates must equal the percentage you assigned to the primary beneficiary (i.e., if you designate 50 percent to primary beneficiary #1 and have two alternates for that beneficiary, the percentages for the two alternates must total 50 percent).
- If you name your estate as a beneficiary, you may not provide an alternate beneficiary for your estate.

Example for naming specific beneficiaries:

Specific Primary beneficiary #1		If living; otherwise, to #1 alternate beneficiary(ies).			
#1	Full name <i>Jane Smith</i>	Social Security # <i>000-00-0000</i>	Date of birth <i>6/15/1982</i>	Phone <i>503-555-1212</i>	Percentage <i>50%</i>
	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address <i>janesmith@gmail.com</i>		Relationship <i>Daughter</i>	
Alternate beneficiary(ies) for Primary #1 Alternate percentages must equal percentage assigned to primary #1					
#1a	Full name <i>Mary Brown</i>	Social Security # <i>000-00-0000</i>	Date of birth <i>8/25/1956</i>	Phone <i>808-555-4111</i>	Percentage <i>30%</i>
	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship <i>Sister</i>	
#1b	Full name <i>Animals Win</i>	Social Security #	Date of birth	Phone <i>888-555-1111</i>	Percentage <i>20%</i>
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input checked="" type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address <i>000 Dalmatian Dr., Portland, OR</i>		Relationship	
Specific Primary beneficiary #2		If living; otherwise, to #2 alternate beneficiary(ies).			
#2	Full name <i>George Smith</i>	Social Security # <i>000-00-0000</i>	Date of birth <i>4/15/1975</i>	Phone <i>808-555-1612</i>	Percentage <i>50%</i>
	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address <i>000 Ocean Way, Hilo, HI</i>		Relationship <i>Son</i>	
Alternate beneficiary(ies) for Primary #2 Alternate percentages must equal percentage assigned to primary #2					
#2a	Full name <i>Christina Smith</i>	Social Security # <i>000-00-0000</i>	Date of birth <i>2/19/1997</i>	Phone <i>808-555-6641</i>	Percentage <i>25%</i>
	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address <i>000 Ocean Way, Hilo, HI</i>		Relationship <i>Granddaughter</i>	
#2b	Full name <i>Jacob Smith</i>	Social Security # <i>000-00-0000</i>	Date of birth <i>6/15/1988</i>	Phone <i>808-555-1620</i>	Percentage <i>25%</i>
	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address <i>000 Ocean Way, Hilo, HI</i>		Relationship <i>Grandson</i>	

The percentages of #1 and #2 primary beneficiaries add up to 100% (50+50=100)

The percentages of #1a and #1b alternate beneficiaries add up to the #1 primary's percentage (30+20=50)

The percentages of #2a and #2b alternate beneficiaries add up to the #2 primary's percentage (25+25=50)

First name	MI	Last name	Social Security number
------------	----	-----------	------------------------

Section C: Specific designation (persons, charity, trust, or estate)

Please include as much information as possible. This information will assist in locating your beneficiary(ies).

Specific Primary beneficiary #1		If living; otherwise, to #1 alternate beneficiary(ies).			
#1	Full name	Social Security #	Date of birth	Phone	Percentage
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship	
Alternate beneficiary(ies) for Primary #1		Alternate percentages must equal percentage assigned to primary #1			
#1a	Full name	Social Security #	Date of birth	Phone	Percentage
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship	
#1b	Full name	Social Security #	Date of birth	Phone	Percentage
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship	
Specific Primary beneficiary #2		If living; otherwise, to #2 alternate beneficiary(ies).			
#2	Full name	Social Security #	Date of birth	Phone	Percentage
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship	
Alternate beneficiary(ies) for Primary #2		Alternate percentages must equal percentage assigned to primary #2			
#2a	Full name	Social Security #	Date of birth	Phone	Percentage
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship	
#2b	Full name	Social Security #	Date of birth	Phone	Percentage
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship	

If any of the above named primary beneficiaries predecease me and I have not named an alternate beneficiary, I want the portion of my benefit that was designated to that beneficiary shared equally among the remaining primary beneficiaries living at the time of my death.

First name	MI	Last name	Social Security number
------------	----	-----------	------------------------

Section D: Spousal consent, signature, and notary

If you have chosen a specific beneficiary designation, your spouse must consent and sign this form in front of a notary.

By my notarized signature below, I consent to the beneficiary my spouse (the member) selected.

Spouse's signature	Date
Notary Public	
State of	County of
Spouse's name	
Signed before me on this date	
By (notary's signature)	

Section E: Applicant statement (required)

I, the applicant, hereby revoke any and all previous beneficiary designations for my IAP account.

Print name

Applicant's signature (do not print)

Date

Print and sign this form. This form is not valid unless signed, dated, and accepted by PERS. Invalid forms will be rejected. Mail to PERS, PO Box 23700, Tigard OR 97281-3700, or fax it to 503-598-0561.



IAP Pre-Retirement Beneficiary Designation: Single Applicant

Section A: Member information

First name		MI	Last name		PERS ID (optional)
Mailing address (street or PO box)					Social Security number (SSN)*
City		State	ZIP code	Country	Date of birth (mm/dd/yyyy)
Home phone number	Work phone number		Cell phone number	Email (optional)	

Section B: Beneficiary designation (select only one)

- SPECIFIC** - I elect to use the **Specific** designation. (Complete Section C and D.)
- STANDARD** - I elect to use the **Standard** designation. (Complete only Section D.)

The standard designation directs PERS to pay benefits in the order listed below:

- 1) Your spouse, if legally married at the time of death. If not married, then to
- 2) Your child** or children in equal shares. If any of your children are deceased, their portion is equally divided between their children who are alive at the time of your death. If all of your children predecease you, the benefit will be awarded to your grandchildren living at the time of your death, in equal shares. If no children or grandchildren survive you, then to
- 3) Your mother and father in equal shares, or to the survivor. If neither survives, then to
- 4) Your brothers and sisters in equal shares, and the share of any brother or sister who does not survive you, to his or her children living at the time of your death in equal shares. If none of your brothers or sisters survive you, to the children of your brothers and sisters living at the time of your death in equal shares. If neither your siblings nor their children survive you, then to
- 5) Your estate.

**Natural born and adopted children are considered “children” even if you selected the standard designation before or after their adoption or birth. If your children are adopted by someone else, they are not considered your “children” under the standard designation. If you wish to name the adopted-out children as your beneficiary, use the specific designation part of this form.

Section C: Specific designation (persons, charity, trust, or estate) instructions

Naming specific beneficiaries

Providing requested information assists in locating your beneficiary.

If you need to add more beneficiaries, attach an additional sheet of paper that includes all the same information listed in the table for each beneficiary. Include your name and SSN at the top of each additional sheet.

- The percentages assigned to primary beneficiaries must total 100 percent.
- If you do not assign percentages, the beneficiaries on that level (primaries or alternates under each specific primary) will share equally.
- You can name one or more alternate beneficiaries for each of your primary beneficiaries. The alternates will receive the primary beneficiary's share if the primary beneficiary predeceases you.
Note: The percentage you designate for the alternates must equal the percentage you assigned to the primary beneficiary (i.e., if you designate 50 percent to primary beneficiary #1 and have two alternates for that beneficiary, the percentages for the two alternates must total 50 percent).
- If you name your estate as a beneficiary, you may not provide an alternate beneficiary for your estate.

Example for naming specific beneficiaries:

Specific Primary beneficiary #1		If living; otherwise, to #1 alternate beneficiary(ies).			
#1	Full name <i>Jane Smith</i>	Social Security # <i>000-00-0000</i>	Date of birth <i>6/15/1982</i>	Phone <i>503-555-1212</i>	Percentage <i>50%</i>
	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address <i>janesmith@gmail.com</i>		Relationship <i>Daughter</i>	
Alternate beneficiary(ies) for Primary #1 Alternate percentages must equal percentage assigned to primary #1					
#1a	Full name <i>Mary Brown</i>	Social Security # <i>000-00-0000</i>	Date of birth <i>8/25/1956</i>	Phone <i>808-555-4111</i>	Percentage <i>30%</i>
	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship <i>Sister</i>	
#1b	Full name <i>Animals Win</i>	Social Security #	Date of birth	Phone <i>888-555-1111</i>	Percentage <i>20%</i>
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input checked="" type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address <i>000 Dalmatian Dr., Portland, OR</i>		Relationship	
Specific Primary beneficiary #2		If living; otherwise, to #2 alternate beneficiary(ies).			
#2	Full name <i>George Smith</i>	Social Security # <i>000-00-0000</i>	Date of birth <i>4/15/1975</i>	Phone <i>808-555-1612</i>	Percentage <i>50%</i>
	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address <i>000 Ocean Way, Hilo, HI</i>		Relationship <i>Son</i>	
Alternate beneficiary(ies) for Primary #2 Alternate percentages must equal percentage assigned to primary #2					
#2a	Full name <i>Christina Smith</i>	Social Security # <i>000-00-0000</i>	Date of birth <i>2/19/1997</i>	Phone <i>808-555-6641</i>	Percentage <i>25%</i>
	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address <i>000 Ocean Way, Hilo, HI</i>		Relationship <i>Granddaughter</i>	
#2b	Full name <i>Jacob Smith</i>	Social Security # <i>000-00-0000</i>	Date of birth <i>6/15/1988</i>	Phone <i>808-555-1620</i>	Percentage <i>25%</i>
	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address <i>000 Ocean Way, Hilo, HI</i>		Relationship <i>Grandson</i>	

The percentages of #1 and #2 primary beneficiaries add up to 100% (50+50=100)

The percentages of #1a and #1b alternate beneficiaries add up to the #1 primary's percentage (30+20=50)

The percentages of #2a and #2b alternate beneficiaries add up to the #2 primary's percentage (25+25=50)

First name	MI	Last name	Social Security number
------------	----	-----------	------------------------

Section C: Specific designation (persons, charity, trust, or estate)

Please include as much information as possible. This information will assist in locating your beneficiary(ies).

Specific Primary beneficiary #1		If living; otherwise, to #1 alternate beneficiary(ies).			
#1	Full name	Social Security #	Date of birth	Phone	Percentage
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship	
Alternate beneficiary(ies) for Primary #1 Alternate percentages must equal percentage assigned to primary #1					
#1a	Full name	Social Security #	Date of birth	Phone	Percentage
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship	
#1b	Full name	Social Security #	Date of birth	Phone	Percentage
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship	

Specific Primary beneficiary #2		If living; otherwise, to #2 alternate beneficiary(ies).			
#2	Full name	Social Security #	Date of birth	Phone	Percentage
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship	
Alternate beneficiary(ies) for Primary #2 Alternate percentages must equal percentage assigned to primary #2					
#2a	Full name	Social Security #	Date of birth	Phone	Percentage
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship	
#2b	Full name	Social Security #	Date of birth	Phone	Percentage
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship	

If any of the above named primary beneficiaries predecease me and I have not named an alternate beneficiary, I want the portion of my benefit that was designated to that beneficiary shared equally among the remaining primary beneficiaries living at the time of my death.

Section D: Applicant statement (required)

By my signature below, I confirm my marital status as single and hereby revoke any and all previous beneficiary designations for my IAP account.

Print name

Applicant's signature (do not print)

Date

Print and sign this form. This form is not valid unless signed, dated, and accepted by PERS. Invalid forms will be rejected. Mail to PERS, PO Box 23700, Tigard OR 97281-3700, or fax it to 503-598-0561.