



MEMBER'S NOMINATION OF BENEFICIARY(IES) FOR DEATH BENEFITS

This form is to be used to nominate the person or persons to receive any death benefit payable by the General Assembly Retirement System. A member desiring to change beneficiaries at a later date must complete a new Nomination of Beneficiary form. The form on file with GARS that has the most recent date, located above the member's signature, will take precedence.

INSTRUCTIONS: Complete this form using ink or typewriter. You may nominate one person, as many as you wish, or your estate. Benefits will be paid on a survivor basis in the numerical order you indicate. Two or more persons with the same order number will receive equal shares. When this beneficiary nomination is accepted by the General Assembly Retirement System, an acknowledgment will be mailed to the current address on file with GARS.

NOTE! Persons nominated as beneficiaries without order numbers will be considered after persons nominated with order numbers. Two or more persons nominated without order numbers will receive equal shares.

EXAMPLE

Table with 4 columns: Order Number, Name, Address, Relationship. Rows include John A. Doe (Father), Jane B. Doe (Mother), David C. Doe (Brother), Nancy D. Doe (Sister), Mary E. Doe (Sister), and Frank F. Smith (None).

In the event the member dies, any excess contributions will be paid as follows:

- 1. All the money will be paid to John Doe.
2. If John Doe is not living when the member dies, all the money will be paid to Jane Doe.
3. If John and Jane Doe are not living when the member dies, the money will be divided equally among David, Nancy and Mary Doe.
4. If John, Jane, David, Nancy and Mary Doe are not living when the member dies, all the money will be paid to Frank Smith.
5. If none of the nominated beneficiaries are living when the member dies, all of the money will be paid to the member's estate.

NOMINATED BENEFICIARIES

Form with columns for Order Number, Name, Address, and Relationship, followed by several horizontal lines for data entry.

This form must be witnessed by two people who are not named as beneficiaries.

Member's Signature _____ Date _____

Member's Social Security Number: _____ Witness: _____

Member's Address: _____ Address: _____

_____ Witness: _____

_____ Address: _____