



ARIZONA STATE RETIREMENT SYSTEM (ASRS) BENEFICIARY FORM INSTRUCTIONS

Phoenix (602) 240-2000
Tucson (520) 239-3100
Toll-Free (800) 621-3778
TTY (602) 240-5333
www.azasrs.gov

Important Information

As a member of the ASRS, you must designate your beneficiary(ies). It is essential you keep your beneficiary information current. When life-changing events occur, we recommend you review your beneficiary information and make any necessary changes.

The ASRS acknowledges the most current Beneficiary Form on file. Please list ALL of your beneficiary(ies) even if you have previously submitted them.

It is your responsibility to ensure that both the ASRS and your employer (if applicable) have current beneficiary information. Arizona law may designate your beneficiary(ies) if you do not provide the ASRS with current information.

State law requires that a member notifies their current spouse of the beneficiary selected if the beneficiary is someone other than the current spouse.

NOTE: The form must be signed, dated and received by the ASRS before the date of death as evidenced by an ASRS date stamp on the document itself.

Beneficiary Information

A beneficiary is the person you choose to receive any available funds upon your death. When selecting the Joint & Survivor or Period Certain annuity retirement option, the beneficiary may be eligible to receive a monthly benefit for the available funds. There are two types of beneficiaries:

Primary Beneficiary(ies) will be first to receive any available funds upon your death.

Secondary Beneficiary(ies) will receive any available funds upon your death if the primary beneficiary(ies) are no longer living or are not eligible.

Example #1

You assign your **Primary** beneficiary as follows: 100% to your spouse

You assign your **Secondary** beneficiaries as follows: 50% to child one, 50% to child two

With your spouse as the **Primary** beneficiary with 100% and your two children as **Secondary** (50% each), upon your death your spouse will receive 100% of any eligible funds.

However, if you and your spouse die at the same time, as **Secondary** beneficiaries, your two children will receive 50% each of any eligible funds.

Example #2

You assign your **Primary** beneficiaries as follows: 50% to your spouse, 50% to your brother

You assign your **Secondary** beneficiaries as follows: 50% to child one, 50% to child two

Upon your death, your spouse and your brother will receive 50% of any eligible funds.

However, if you and your spouse die at the same time; your brother, as the remaining **Primary** beneficiary will receive 100% of any eligible funds.

If you, your spouse, and your brother die at the same time or prove ineligible, your two children as **Secondary** beneficiaries would receive any eligible funds.

Please take time to review the following instructions for completing the Beneficiary Form.

ARIZONA STATE RETIREMENT SYSTEM (ASRS)
BENEFICIARY FORM INSTRUCTIONS

Instructions

SECTION 1 – Member Information

Please enter the following required information:

- Print your **Social Security Number, Full Legal Name, and Date of Birth.**
- If you are **not** retired, print the name of your **Current Employer**, otherwise enter **N/A.**
- Indicate your Member Status by checking the box for **Retired** or **Non-retired.**
- Enter your **Home Phone, Business Phone** and **Fax Number** as applicable.
- Provide your **E-mail Address** if available.

SECTION 2 – Designated Primary Beneficiary

Please enter the following required information in SECTION 2 of the Beneficiary Form (*you may list additional primary and or secondary beneficiary(ies) in SECTION 3*).

- **SSN or TIN** – Enter the primary beneficiary's Social Security Number (SSN), or in the case of a resident alien, or estate, organization or trust, enter the Tax ID Number (TIN). A TIN is provided by the federal Internal Revenue Service and is to be used when an individual Social Security Number cannot be used. For more information, please call the ASRS or the Internal Revenue Service. Failure to provide the SSN or TIN will result in a delayed processing time.
- **Primary Beneficiary Name** – Enter the **Last, First and Middle** initial of the primary beneficiary. If the beneficiary is an **Estate, Organization or Trust**, check the appropriate box and enter the name.
- **Contingent Annuitant** – If you are a member who retired on or after January 1, 2004, and you have elected to participate in the Optional Premium Benefit Program, please mark the **Yes** box. Otherwise, check the **Not Applicable** box. (A Contingent Annuitant is the eligible dependent, for health insurance purposes, you chose to be the beneficiary if you selected the Joint & Survivor or a Period Certain annuity retirement option.)

NOTE: If you checked the Contingent Annuitant box, you must list your contingent annuitant in the first **Designated Primary Beneficiary** block. For more information regarding this program, please contact the ASRS.

- **Birth Date** – Enter your primary beneficiary's date of birth in MM/DD/YYYY format.
- **Gender** – Indicate the gender of your primary beneficiary by checking the appropriate box.
- **Legal Relationship** – Indicate whether the primary beneficiary is your spouse, child or other.
- **Telephone Number** – Enter the primary beneficiary's telephone number.
- **Mailing Address** – Enter the primary beneficiary's mailing address including **City, State and ZIP code.**
- **Percentage of Benefit** – Enter the percentage of eligible funds you would like to assign to the primary beneficiary. **The total percent of benefit for PRIMARY beneficiary(ies) listed must equal 100%.**
- Enter your total number of beneficiaries into the box.
- **Sign and date** page one of the form. If you are going to assign additional Primary or Secondary Beneficiaries, complete page two of the form.

Page Two

- Enter your **SSN, Date** and **Full Legal Name** onto the second page of the form.

SECTION 3 – Additional Primary and Secondary Beneficiary(ies)

- To assign additional beneficiaries, check the box to indicate whether the additional beneficiary is being designated as a primary or secondary beneficiary and complete the information as you did for SECTION 2. If you chose the Joint & Survivor Option when completing your Retirement Application, you may **NOT** choose more than one **primary** beneficiary.
- **Sign and Date** page two of the form.



ARIZONA STATE RETIREMENT SYSTEM (ASRS)
BENEFICIARY FORM

PLEASE PRINT

COMPLETE AND SEND TO:
 ASRS - Records Management
 PO Box 33910
 Phoenix, AZ 85067-3910

Phoenix (602) 240-2000
 Tucson (520) 239-3100
 Toll-Free (800) 621-3778
 TTY (602) 240-5333
 FAX: (602) 240-5388
 www.azasrs.gov

IMPORTANT INFORMATION:

- It is essential you keep your beneficiary(ies) information current. Therefore, when life-changing events occur we recommend you review your beneficiary information and make any necessary changes.
- The ASRS acknowledges the most current Beneficiary Form on file. Please list ALL of your beneficiary(ies) even if you have previously submitted them.
- It is your responsibility to ensure that both the ASRS and your employer (if applicable) have current beneficiary information. Arizona law may designate your beneficiary(ies) if you do not provide the ASRS with the most current information.
- The form must be signed, dated and received by the ASRS before the date of death as evidenced by the ASRS date stamp on the document itself.
- State law requires that a member notifies their current spouse of the beneficiary selected if the beneficiary is someone other than the current spouse.

Disclosure of your Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account and to inform the Internal Revenue Service of distributions and withholdings with respect to the individual's account.

SECTION 1 – Member Information				
Social Security Number	Member Name (Last)	(First)	(Middle Initial)	Date of Birth (MM/DD/YYYY)
Employer (For Non-retired Members Only)			Member Status: (Check One) <input type="checkbox"/> Retired <input type="checkbox"/> Non-retired	
Home Telephone Number ()	Business Telephone Number ()		Fax Number ()	
E-mail Address				
SECTION 2 – Designated Primary Beneficiary				
NOTE: You must indicate a Social Security number or Tax ID number for the primary beneficiary designated. Failure to provide the SSN will result in a delayed processing time. If estate, organization or trust, you must provide a TIN.				
• The total percent of benefit for PRIMARY beneficiary(ies) listed must equal 100%.				
<input type="checkbox"/> SSN or <input type="checkbox"/> TIN	Primary Beneficiary Name: Person (Last, First, Middle) <input type="checkbox"/> Estate <input type="checkbox"/> Organization <input type="checkbox"/> Trust			Contingent Annuitant for Optional Premium Benefit Program? <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
Birth Date (MM/DD/YYYY)	Gender (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female	Legal Relationship (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other		Telephone Number ()
Mailing Address				
City	State	ZIP	Percent of Benefit %	
IF MORE THAN ONE BENEFICIARY, ENTER TOTAL NUMBER OF BENEFICIARIES HERE AND COMPLETE THE INFORMATION ON THE NEXT PAGE				<input type="text"/>
Member Signature			Date	



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Member Information			
Social Security Number		Date	
Member Name (Last)	(First)	(Middle Initial)	
SECTION 3 – Additional Primary and Secondary Beneficiaries			
(If you choose the Joint & Survivor Option when completing your Retirement Application, you may NOT choose more than one Primary beneficiary.)			
NOTE: You must indicate a SSN or tax ID number for each beneficiary designated. Failure to provide the ASRS with the SSN will result in a delayed processing time. If estate, organization or trust, you must provide a TIN.			
<ul style="list-style-type: none"> • The total percent of benefit for PRIMARY beneficiary(ies) listed must equal 100%. • The total percent of benefit for SECONDARY beneficiary(ies) listed must equal 100%. 			
<input type="checkbox"/> Primary		<input type="checkbox"/> Secondary	
<input type="checkbox"/> SSN or <input type="checkbox"/> TIN		Beneficiary Name: Person (Last, First, Middle) <input type="checkbox"/> Estate <input type="checkbox"/> Organization <input type="checkbox"/> Trust	
Birth Date (MM/DD/YYYY)	Gender (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female	Legal Relationship (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	Telephone Number ()
Mailing Address			
City	State	ZIP	Percent of Benefit %
<input type="checkbox"/> Primary		<input type="checkbox"/> Secondary	
<input type="checkbox"/> SSN or <input type="checkbox"/> TIN		Beneficiary Name: Person (Last, First, Middle) <input type="checkbox"/> Estate <input type="checkbox"/> Organization <input type="checkbox"/> Trust	
Birth Date (MM/DD/YYYY)	Gender (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female	Legal Relationship (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	Telephone Number ()
Mailing Address			
City	State	ZIP	Percent of Benefit %
<input type="checkbox"/> Primary		<input type="checkbox"/> Secondary	
<input type="checkbox"/> SSN or <input type="checkbox"/> TIN		Beneficiary Name: Person (Last, First, Middle) <input type="checkbox"/> Estate <input type="checkbox"/> Organization <input type="checkbox"/> Trust	
Birth Date (MM/DD/YYYY)	Gender (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female	Legal Relationship (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	Telephone Number ()
Mailing Address			
City	State	ZIP	Percent of Benefit %
Member Signature		Date	