

Wyoming Retirement System
BENEFICIARY FORM

This form should be completed if you do not have an email address and cannot access RAIN's Participant Portal to designate your beneficiaries. Otherwise, please access the Participant Portal at pension.wyo.gov to update your account.

Member's Name _____ RAIN ID _____

Employer _____ Employer RAIN ID _____

Beneficiary Designation (Please see attachment for an explanation of beneficiary designations)

*I designate the following as beneficiary(ies) of all payments, rights and benefits that may be payable upon my death. Any lump sum payment will be made in equal shares unless otherwise specified. Additional beneficiaries may be listed on a separate, signed attachment. If married and a member of the Law Enforcement; Warden, Patrol, DCI; or Paid Firemen's Plans, your spouse **must** be your beneficiary.*

Primary Beneficiary

Name _____ SSN _____ Relationship _____ DOB _____ % _____

Name _____ SSN _____ Relationship _____ DOB _____ % _____

Name _____ SSN _____ Relationship _____ DOB _____ % _____

Alternate/Contingent - (If changing Alternate/Contingent Beneficiary only, notary not required)

Name _____ SSN _____ Relationship _____ DOB _____ % _____

Name _____ SSN _____ Relationship _____ DOB _____ % _____

Name _____ SSN _____ Relationship _____ DOB _____ % _____

SIGNATURES MUST BE ACKNOWLEDGED BY A NOTARY

Please check appropriate box below; all signatures must be notarized

Please change my beneficiary(ies) as designated. As of the date indicated below, I am not married.

Please change my beneficiary(ies) as designated. As of the date indicated below, I am married. I understand my spouse's signature is required.

Member's Signature: X _____ Date _____

(If applicable)

Spouse's Signature: X _____ Date _____

NOTARY ACKNOWLEDGMENT

State of _____
County of _____ } SS.

On (date) _____, before me personally appeared

(Member's Name) _____,

(Spouse's Name) _____

proved to me on the basis of satisfactory evidence **OR** personally known to me to be the signer of the above document and he/she acknowledged to me that he/she executed the same.

WITNESS my hand and official seal.

X _____
Signature of Notary Public

_____ My Commission Expires

Notary Seal

WRS Office Use Only

Entered: _____

Verified: _____

Beneficiary Designations

Primary Beneficiary

Sole Beneficiary

You may designate one individual as sole beneficiary. When a Sole Beneficiary is designated, payment options to the beneficiary depend upon the member's length of credited service, as specified below.

Non-vested (Less than four years of credited service) - Beneficiary receives a lump sum payment of the member's contributions, employer's matching contributions, and accrued interest.

Vested (Four or more years of credited service) - Beneficiary may receive a monthly retirement benefit payable for beneficiary's lifetime **or** may receive a lump sum payment of the member's contributions, employer's matching contributions, and accrued interest.

Multiple Beneficiaries

You may designate more than one beneficiary. When multiple beneficiaries are designated, the lump sum payment will be made to the beneficiaries in equal shares unless otherwise specified in writing to the Wyoming Retirement System. Monthly retirement benefits ARE NOT an option.

Alternate/Contingent Beneficiaries

You may designate one or more alternate/contingent beneficiaries. Should your primary beneficiary(ies) not survive you, payments will be made to your alternate beneficiary(ies) as specified.

Minor Beneficiaries

Any payment due to a minor beneficiary shall be made to the legally appointed guardian of the minor, unless otherwise permitted by law.

If all of your beneficiaries are deceased at the time of your death or you do not designate a beneficiary, a lump-sum payment will be made to your estate. If you choose to list your estate or trust as beneficiary, a monthly retirement benefit is not available.

In the event of your death, WRS will disburse your account as designated, however if there is a conflict or unclear designation, a court will eventually decide.



IF YOU PARTICIPATE IN THE
WRS DEFERRED COMPENSATION PLAN
A SEPARATE BENEFICIARY FORM
MUST BE COMPLETED. PLEASE CONTACT
A 457 SPECIALIST AT (307) 777-7691
OR DOWNLOAD FORM AT www.wrsdcp.com

