

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](http://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 primary beneficiary. If a member of the **Volunteer Firefighter and EMT Pension Plan**, your beneficiary must be your spouse or dependent children under the age of 21. If you are unmarried and have no dependent children under the age of 21, a lump sum payment will be made to your Estate. **If a beneficiary designation conflicts with the statutes for a given plan, the statutes will take precedence.***

**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](http://www.wrsdcp.com)

