



BENEFICIARY DESIGNATION FORM

LAW ENFORCEMENT / PAID FIRE / WARDEN / PATROL / DCI
VOLUNTEERS FIREFIGHTERS / VOLUNTEER EMT / SEARCH AND RESCUE

This form is for members of the Wyoming Retirement System (WRS) to designate a beneficiary for the plan selected below. If you have already established a beneficiary and want to change your selection, please complete the Member - Beneficiary Change form located at retirement.wyo.gov.

MEMBER'S INFORMATION

Beneficiary Designation (Created 4//2021)

SOCIAL SECURITY NUMBER (SSN)		RAIN ID	
LEGAL FIRST NAME	LEGAL LAST NAME	MIDDLE INITIAL	
ADDRESS	CITY	STATE	ZIP
DATE OF BIRTH	PHONE NUMBER	EMAIL	

PLAN

This designation applies to the following plan
(Please select only one; if you participate in multiple plans, please complete a beneficiary designation form for each plan):

<input type="checkbox"/> LAW ENFORCEMENT	<input type="checkbox"/> WARDEN/PATROL/DCI
<input type="checkbox"/> PAID FIRE	<input type="checkbox"/> VOLUNTEER FIREFIGHTER / EMT / SEARCH & RESCUE

BENEFICIARY DESIGNATION

If you are married your spouse **MUST** be your primary beneficiary. If no spouse mark N/A and complete the other beneficiary sections.

TYPE	NAME	RELATIONSHIP	SSN	BIRTHDATE	PERCENTAGE*	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		SPOUSE			Primary	Contingent
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent						
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent						
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent						
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent						
Primary Beneficiary Total:*					%	
Contingent Beneficiary Total:*						%
* Total percentage for both primary and contingent beneficiary should equal 100%, if no percentage is listed payment will be made in equal shares.						

If your beneficiaries are deceased at the time of your death or a beneficiary is not designated, WRS will pay your estate. If you choose to list multiple primary beneficiaries, your estate or trust as the beneficiary, a monthly retirement benefit is not available.

I hereby designate the individuals listed above as the beneficiary of all payments, rights, and benefits that may be payable upon my death.

Member's Signature: _____ Date _____

If you participate in the **WRS DEFERRED COMPENSATION PLAN** you must complete a separate change of the beneficiary form. Please contact a 457 Specialist at (307) 777-7691 or download a form at retirement.wyo.gov.