



# BENEFICIARY DESIGNATION FORM

LAW ENFORCEMENT / PAID FIRE / WARDEN / PATROL / DCI  
VOLUNTEER 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](http://retirement.wyo.gov).

### MEMBER'S INFORMATION

*MB – 2 Beneficiary Designation LE, Paid Fire, Warden, Patrol, DCI and Volunteer (Updated 10/23)*

SOCIAL SECURITY NUMBER (SSN)		RAIN ID	
LEGAL FIRST NAME	LEGAL LAST NAME	MIDDLE INITIAL	
MAILING 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	BIRTHDATE	SSN	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						
<b>Primary Beneficiary Total:*</b>					%	
<b>Contingent Beneficiary Total:*</b>						%
* 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](http://retirement.wyo.gov).