



BENEFICIARY CHANGE FORM

This form should be completed to change your beneficiary designations 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 INFORMATION

WRS-2 Beneficiary Change Form (Created 04/23)

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

* This designation applies to the following plan. If you participate in multiple plans, please complete a beneficiary change form for each plan:

BENEFICIARY DESIGNATION (Please see attachment for an explanation of beneficiary designation)

TYPE	NAME	RELATIONSHIP	SSN	BIRTHDATE	PERCENTAGE*	
					Primary	Contingent
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		SPOUSE				
<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						
<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.

I hereby designate the individuals listed above as the beneficiary of all payments, rights and benefits that maybe payable upon my death. (Please check appropriate box below):

- I am **not married** as of the date indicated below
 I am **married** as of the date indicated below, I understand my spouse's signature is required.

Member's Signature: Date

Spouse's Signature (If applicable): Date

NOTARY ACKNOWLEDGMENT

State of _____ County of _____

Acknowledged before me on _____ (date) before me personally

appeared _____ & _____
Print Member's Name Print Spouse's Name if present and signature required if not write N/A

Seal:

Witness my official hand and seal.

Notary Public Signature _____

Commission expires: _____



BENEFICIARY DESIGNATIONS INFORMATION

APPLY TO ALL PLANS

- Any lump sum payment will be made in equal shares unless otherwise specified.
- Additional beneficiaries may be listed on a separate, signed attachment.
- At your death, if all of your beneficiaries are deceased 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 the 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 a beneficiary designation conflicts with the statutes for a given plan, the statutes will take precedence.
- If you are retired you may not be able to change your beneficiary please contact Retiree Payroll before completing this form.

SPECIAL CONSIDERATIONS PER PLAN

LAW ENFORCEMENT / WARDEN / PATROL / DCI / PAID FIREMEN'S PLANS

If married your spouse must be your primary beneficiary.

VOLUNTEER FIREFIGHTER / EMT / SEARCH & RESCUE

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.

PUBLIC EMPLOYEE / GUARD FIREFIGHTER / JUDICIAL

You may designate one individual as the 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** - Beneficiary receives a lump sum payment of the member's contributions, employer's matching contributions, and accrued interest.
- **Vested** - Beneficiary may receive a monthly retirement benefit payable for beneficiary's lifetime **or** receive a lump sum payment of the member's contributions, employer's matching contributions, and accrued interest.

▶ ADDITIONAL PRIMARY BENEFICIARY

You may designate more than one primary beneficiary. When multiple beneficiaries are selected, the only payout option is a lump sum payment. It will be paid in equal shares unless otherwise specified in writing to the Wyoming Retirement System. Monthly retirement benefits ARE NOT an option.

CONTINGENT BENEFICIARIES

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

MINOR BENEFICIARIES

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

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