



BENEFICIARY DESIGNATION FORM

(Updated 10/25)

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. You can submit this form electronically by emailing a completed copy to Pension@wyo.gov.

MEMBER INFORMATION

Social Security Number (SSN) _____

Legal Name _____
Last Name First Name Middle Initial

Address _____
Street Address City State Zip

Date of Birth _____ Phone Number _____

Email _____

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"/>	Public Employee Tier I or Tier II
<input type="checkbox"/>	Judicial
<input type="checkbox"/>	Guard Firefighter
<input type="checkbox"/>	Law Enforcement*
<input type="checkbox"/>	Warden, Patrol, & DCI Pension Plan*
<input type="checkbox"/>	Firefighter B*
<input type="checkbox"/>	Vol Fire, EMT, & SAR Pension Plan*

*If you are a Law Enforcement, Warden, Patrol & DCI, Firefighter B, or a Vol Fire, EMT, & SAR Pension Plan member, your spouse **MUST** be your primary beneficiary. If not married, mark N/A and complete the other beneficiary sections.

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.



BENEFICIARY DESIGNATION FORM

BENEFICIARY DESIGNATION

TYPE	NAME	RELATIONSHIP	BIRTHDATE	SSN	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						
Primary Beneficiary Total:*					0 %	
Contingent Beneficiary Total:*						0 %
<small>* Total percentage for both primary and contingent beneficiary should equal 100%, if no percentage is listed payment will be made in equal shares.</small>						

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 beneficiary change form. Please contact a 457 Specialist at (307) 777-7691 or download a form at retirement.wyo.gov.