

# **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 <a href="mailto:pension.wyo.gov">pension.wyo.gov</a> to update your account.

RAIN ID	MEMBER'S INFORMATION				Beneficiary Change Form (Revised 02/2025))				
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  SPOUSE  Primary  Contingent  Primary  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:  Date  NOTARY ACKNOWLEDGMENT  State of  County of  Print Spouse's Name if present and signature required if not write NA Seal:  Witness my official hand and seal.  Notary Public Signature  Notary Public Signature	SOCIAL SECURITY N	IUMBER (SSN)	RAIN ID		PLAN*	PLAN*			
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## **BENEFICIARY CHANGE FORM**

#### BENEFICIARY DESIGNATIONS INFORMATION

### NOTARY ACKNOWLEDGMENT

- 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.

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