



**LIFE INSURANCE DESIGNATION OF BENEFICIARY**  
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  
SFN 53855 (Rev. 03-2024)  
**NDPERS • PO Box 1657 • Bismarck • ND • 58502-1657**  
**(701) 328-3900 • (800) 803-7377 • Fax (701) 328-3920 • ndpers-info@nd.gov**

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

<b>PART A MEMBER INFORMATION</b>		Policy Number 67389-7
Name (Last, First, Middle)		NDPERS Member ID
Last Four Digits of Social Security Number		Date of Birth (mm/dd/yyyy)
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Effective Date		

<b>PART B DESIGNATION OF BENEFICIARY</b>						
All beneficiary designations shall equal 100% of the benefit. If more than one person in a class (primary or contingent beneficiary) is named, individuals of that class will share equally in the benefits unless specific shares are designated. If the total share does not equal 100%, NDPERS will amend the designation in order to reach 100%. If an amendment is necessary, NDPERS will adjust by no more than one (1) percent and the additional percentage shall be credited to the eldest beneficiary.						
<b>Primary Beneficiary(ies)</b> If person enter Last, First, Middle	<b>Relationship</b>	<b>Gender</b>	<b>Social Security Number</b>	<b>Birth Date</b>	<b>% Share</b>	<b>Address</b>
Total must equal 100%						
<b>Contingent/Secondary Beneficiary(ies)</b> If person enter Last, First, Middle	<b>Relationship</b>	<b>Gender</b>	<b>Social Security Number</b>	<b>Birth Date</b>	<b>% Share</b>	<b>Address</b>
Total must equal 100%						

<b>PART C MEMBER AUTHORIZATION</b>	
I understand that this election revokes any previous life insurance beneficiary designations. I have read and understand the terms and conditions listed on page two (2) of this designation. I hereby certify that the information provided on this form is true and correct to the best of my knowledge.	
Member's Signature (Electronic Signatures will <u>not</u> be accepted)	Date

## **Part A            Member Information**

Enter your name, NDPERS ID number, date of birth, last four digits of your Social Security Number, marital status, and effective date of change.

## **Part B            Designation of Beneficiary**

1. Use full legal name. (Example: "Anna May Smith," not Mrs. John Smith")
2. A member may designate contingent beneficiary(ies) who will receive benefits if the primary beneficiary(ies) predecease member.
3. All beneficiary designations shall equal 100% of the benefit. If more than one person in a class (primary or contingent beneficiary) is named, individuals of that class will share equally in the benefits unless specific shares are designated. If the benefit is being divided amongst multiple beneficiaries and the total share does not equal 100%, NDPERS shall amend the designations in order to reach the 100% in total, but in no circumstance will NDPERS amend the beneficiary designation by more than one (1) percent. If an amendment is necessary, the additional percentage shall be credited to the eldest beneficiary. The benefit will be distributed as directed by the designation. If a named beneficiary does not survive, the beneficiary's share will be distributed among any surviving beneficiaries in the same proportion as the initial shares.
4. To file a death claim, a certified copy of the Death Certificate must be provided to NDPERS to process the claim.
5. Benefits are not paid out to minor children listed as beneficiaries unless a trust or guardianship has been established, or as allowed by law.
6. If an estate is named, specify whose estate such as: "Estate of the Insured." Full name and address of the executor must be included.

### **TRUSTEE DESIGNATION:**

1. Trustee under the last will and testament of the insured, or his/her successors in trust, PROVIDED, HOWEVER, that if no claim is made by the Trustee within one year from the date of death of the insured or if the insured shall die leaving no last will and testament containing the trust covering this policy, the proceeds shall be payable to the estate of the insured. Payment of the proceeds of this policy to said Trustee or successors in trust shall fully and finally discharge the Company from all liability.
2. "The \_\_\_\_\_ Trust Company, trustee under written trust agreement date (month, date, year) \_\_\_\_\_, or its successor or successors in trust, and payment of the proceeds of this policy to said Trustee or successor or successors shall fully and finally discharge the Company from all liability." Full name and address of trust administrator must be included.

IT IS IMPORTANT TO KEEP YOUR BENEFICIARY DESIGNATIONS CURRENT IF YOU EXPERIENCE LIFE CHANGE EVENTS.

## **Part C            Member Authorization**

You must sign and date this section for this form to be valid.