



# LIFE INSURANCE DESIGNATION OF BENEFICIARY

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 53855 (Rev. 08-2024)

NDPERS • PO Box 1657 • Bismarck • ND • 58502-1657

(701) 328-3900 • (800) 803-7377 • Fax (701) 328-3920 • [ndpers-info@nd.gov](mailto: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.

## PART A MEMBER INFORMATION

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	

## PART B DESIGNATION OF BENEFICIARY

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.

Enter percent share for each beneficiary. The total **must equal 100%**. If the total share does not equal 100%, I grant NDPERS the authority to amend each of my beneficiary designations (up to +/-1%) with up to a 1% difference being credited to the eldest for any uneven split. **If beneficiaries are listed but no shares designated, I grant NDPERS the authority to divide shares equally between all beneficiaries with up to a 1% difference being credited to the eldest if there is any uneven split.**

### PRIMARY BENEFICIARY(IES) – Total must equal 100%

If person, enter Last, First, Middle	Relationship	Social Security #	Birthdate	% Share	Address and Phone Number

### SECONDARY BENEFICIARY(IES) – Total must equal 100%

If person, enter Last, First, Middle	Relationship	Social Security #	Birthdate	% Share	Address and Phone Number

## PART C MEMBER AUTHORIZATION

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. The benefit will be distributed as directed by the designation. Enter percent share for each beneficiary. All beneficiary designations shall equal 100% of the benefit. If the total share does not equal 100%, NDPERS shall amend each beneficiary's allocation (up to 1% increase or decrease) to reach the 100% total. **If beneficiaries are listed but no shares designated, NDPERS will divide shares equally between all beneficiaries with up to a 1% difference being credited to the eldest if there is any uneven split.**

If a named beneficiary does not survive, the share will be distributed among any surviving beneficiaries in proportion to the shares designated. As this distribution may not reflect the member's preference, we recommend the member be sure to designate the percent of share for each listed beneficiary and that the total equals 100%.

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.