



# PERA CHANGE FORM

**Instructions:** Complete this form if you wish to change your address or your PERA beneficiary designation. Please read both sides of this form and complete it using black or blue ink.

**Questions?** Call a PERA representative at (651) 296-7460 or toll free 1 (800) 652-9026.

<b>Member Information:</b>				
Name of PERA Member:		Date of Birth:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	PERA ID No.
<b>New Address Information:</b>				
Street Address:			Last Four Digits of Your Social Security Number:	
City:	State:	Zip Code:		
<b>Spouse Information:</b> For use in future benefit option estimates only; <b>completion does not name spouse as beneficiary, see below for beneficiary designation.</b>				
Spouse Name:			Spouse's Birth Date:	
<b>Change in Beneficiary Selection:</b>				
<b>To change your beneficiary(ies) in your file, this section must be completed in full. Completion of this section revokes all prior beneficiary designations. Note:</b> Dissolution of marriage revokes the designation of the former spouse as beneficiary for PERA purposes.				
If you survive a primary or secondary beneficiary, the percentage designated for that beneficiary will be evenly distributed among the remaining surviving beneficiaries. If you have coverage in more than one PERA plan, your beneficiary selection will be applied to all of your plans. If you wish to select a separate beneficiary for each plan, a separate change form must be completed. Download a form from our web site at <a href="http://www.mnpera.org">www.mnpera.org</a> by selecting RESOURCES then FORMS & PUBLICATIONS, or call a PERA representative.				
<u>Primary Beneficiaries</u> —If you designate more than one primary beneficiary, they will share equally unless specific percentages totaling 100 are inserted.				
Full Name of Beneficiary—attach additional list if necessary      Relationship      Birth Date      Address      Percent				
<u>Secondary Beneficiaries (Optional):</u> Payment is made to secondary beneficiaries only when no primary beneficiary survives you. If more than one secondary beneficiary is designated, they will share equally unless specific percentages totaling 100 are inserted.				
Full Name of Beneficiary—attach additional list if necessary      Relationship      Birth Date      Address      Percent				
<b>Signature Information (required):</b>				
I have read both sides of this form and request that my selections be officially recorded at PERA. I also verify that my name as shown above is correct. A fax of the completed form to the number below is acceptable.				
Signature (Do not type or print, <u>use pen—black or blue ink only</u> ):		Day-Time Telephone Number:		Date:

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**Return to: PERA, 60 Empire Drive, Suite 200, St. Paul, MN 55103-2088  
Fax: 651-296-2493 • [www.mnpera.org](http://www.mnpera.org)**

**By signing and returning this form, I authorize PERA to make payment of the remaining contributions from my PERA plan(s) in the event of my death to the beneficiary(ies) specified, if no monthly benefits are due a survivor under Minn. Stat. Chapter 353. I further understand that I can change my PERA beneficiary(ies) at any time by filing a new beneficiary selection with PERA, in accordance with its laws and policies.**

### **When Choosing a Beneficiary**

Acceptance of a designation and payment to an eligible beneficiary(ies) are subject to Minnesota law and Association policies. You may name the following when listing primary and, if applicable, secondary beneficiaries:

- Any person(s), whether or not a relative. We cannot accept general phrases, such as “all of my living children,” nor can a member designate the guardian of a minor (under 18 years of age), as PERA cannot accept guardian instructions on this form;
- A trust you have established;
- Any specific entity, such as church(s), charity(ies), or organization(s);
- Your estate.

Do not designate your last will and testament as a beneficiary. A beneficiary as defined in Minn. Stat. § 353.01, subd. 29, does not include a will. If you designate your will as a beneficiary, PERA will distribute the member contributions in your account at the time of death to your estate administrator unless a monthly benefit is due a survivor.

In the event you have no survivors qualifying for benefits and have no named beneficiary(ies), or if they predecease you, any account balance will be distributed as follows:

- Your spouse;
- If you have no surviving spouse, your estate. (If a legal representative is designated by the probate court, payment in the name of the estate will be made to that individual.)

PERA uses the data you and your public employer provide to keep an accurate record about you and your PERA account(s). PERA also uses this information to administer the provisions of PERA’s retirement and your participation in them. With the exception of your name, the data we request is classified as private and available only to you, PERA staff, and other entities authorized access by law.

**NOTE:** If you make alterations (cross-out or white-out information), insert your initials in the right-hand margin immediately following the alteration. By doing so, PERA staff will accept the form and send a letter confirming how the information has been recorded. If you do not respond in writing to this confirmation letter advising us that the recorded information is inaccurate, it will be accepted as valid until you file a new beneficiary selection.