Public School Retirement PSRS System of Missouri

P.O. Box 268
Jefferson City, MO 65102-0268
(573) 634-5290 or Toll Free: (800) 392-6848
Email: member_services@psrsmo.org
Web site: www.psrs-peers.org

To the PSRS Retiree: In accordance with 169.070.20 RSMo effective July 1, 1999, a lump sum death benefit of $5,000 is payable at your death. You may designate an individual(s), a trust if one has been legally established, or any other legal entity(ies) to receive that benefit. If you name multiple primary or contingent beneficiaries, they will share equally unless you indicate otherwise. Any payment to a minor or person who is legally disabled, will be paid to a legally authorized representative of the beneficiary.

This designation relates only to the $5,000 Death Benefit and does not change the beneficiary whom you may have named under a Joint-and-Survivor or Term-Certain option, nor does it affect the beneficiary named to receive any balance of unused contributions and interest, if any, remaining in your account at your death. **This payment is a taxable death benefit distribution.**

$5,000 Death Benefit Beneficiary Designation

Effective on the date of your retirement

Retiree's Designation: I hereby request and authorize the Board of Trustees to pay the $5,000 Death Benefit due at my death to the primary beneficiary named below. Payments to the first or second contingent beneficiary would occur only if the preceding beneficiary were deceased. I reserve the right to change this designation by filing a new $5,000 Death Benefit Beneficiary Designation form.

I understand that if I do not name a beneficiary to receive this benefit, or have a valid beneficiary designation on file, the benefit will be paid to my: 1.) surviving spouse, 2.) surviving children in equal shares, 3.) surviving parents in equal shares, or 4.) estate, in that order of precedence.

PRIMARY:

Name	Relationship	Date of Birth	Social Security Number
MO Retired Teachers Foundation Bldg. Fund			43-1923961

Mailing Address	City	State	ZIP
3030 DuPont Cir.	Jefferson City	MO	65109

FIRST CONTINGENT:

Name	Relationship	Date of Birth	Social Security Number

Mailing Address	City	State	ZIP

SECOND CONTINGENT:

Name	Relationship	Date of Birth	Social Security Number

Mailing Address	City	State	ZIP

If the space provided is not sufficient for your desired designations, please include a dated attachment, which bears your original signature. This designation supersedes and renders void all previous designations of beneficiaries to receive the $5,000 Death Benefit, if any, made by me and will become effective upon its receipt in the retirement office.

Given under my hand this_____day of_____(Month), _____(Year), at _____(City), _____(State).

Signature of Member _____ Social Security Number _____

Mailing Address (check here ☐ if a change of address) _____ City _____ State _____ ZIP _____

( ) _____
Telephone Number

Please keep a copy of this form for your records. Return this completed form to: The Public School Retirement System of Missouri • P.O. Box 268 • Jefferson City, MO 65102

Print Clear

Rev. 6/2007