

# DESIGNATION OF MULTIPLE BENEFICIARIES PRIOR TO RETIREMENT

Employees' Retirement System of Alabama  
P. O. Box 302150 ♦ Montgomery, AL 36130-2150  
334-517-7000 or 877-517-0020  
www.rsa-al.gov

Member Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
Street or P. O. Box City State Zip Code

Date of Birth: \_\_\_\_\_

Where multiple beneficiaries are designated, the Retirement Systems of Alabama under the laws governing said System construe such designation to indicate "Joint Survivorship", i.e., the money will be divided equally among those beneficiaries who survive you.

*I, the undersigned, do hereby designate the following as the beneficiary(ies) to whom I instruct the Board of Control of the Employees' Retirement System of Alabama to pay the benefits due as a result of my death prior to retirement:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
- - - - -  
Social Security Number Address: \_\_\_\_\_  
Street or P. O. Box City State Zip Code

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
- - - - -  
Social Security Number Address: \_\_\_\_\_  
Street or P. O. Box City State Zip Code

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
- - - - -  
Social Security Number Address: \_\_\_\_\_  
Street or P. O. Box City State Zip Code

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
- - - - -  
Social Security Number Address: \_\_\_\_\_  
Street or P. O. Box City State Zip Code

*In the event none of the beneficiaries named above survive me, I designate the following as the beneficiary(ies) to whom I instruct the Board of Control of the Employees' Retirement System of Alabama to pay the benefits due as a result of my death prior to retirement.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
- - - - -  
Social Security Number Address: \_\_\_\_\_  
Street or P. O. Box City State Zip Code

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
- - - - -  
Social Security Number Address: \_\_\_\_\_  
Street or P. O. Box City State Zip Code

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
- - - - -  
Social Security Number Address: \_\_\_\_\_  
Street or P. O. Box City State Zip Code

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
- - - - -  
Social Security Number Address: \_\_\_\_\_  
Street or P. O. Box City State Zip Code

I agree on behalf of myself and my heirs and assigns that payment so made shall be a complete discharge of the claim and shall constitute a release of the System from any further obligation on my account. Should I survive all of the before-mentioned beneficiaries, my member contributions and total earned interest plus the appropriate death benefit shall be paid to my Estate.

Signature of Applicant: \_\_\_\_\_

STATE OF ALABAMA, COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me, the above named individual and made oath that the statements made are true.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

## DESIGNATION OF BENEFICIARY PRIOR TO RETIREMENT

In the event that you should die prior to your retirement, your benefit would be disbursed in one of the following ways:

- If you are *any age with 25 or more years of service* or *over 60\* with 10 or more years of service*, your benefit payable is a choice of:
  1. Option 3 monthly benefit (50% allowance) to spouse unless another individual is designated
  2. Return of member contributions and total earned interest plus death benefit equal to the salary on which the member made retirement contributions for the previous fiscal year (October 1 – September 30).\*\*
- If you are *under 60\** between *1 and 25 years of service* or *over 60\** between *1 and 10 years of service*, your benefit payable is the return of member contributions and total earned interest plus death benefit equal to the salary on which the member made retirement contributions for the previous fiscal year (October 1 – September 30).\*\*
- If you are *any age with less than 1 year of service* and the *death was job-related*, your benefit payable is the return of member contributions and total earned interest plus death benefit equal to annual earnable compensation of member at the time death occurs.\*\*
- If you are *any age with less than 1 year of service* and the *death was not job-related*, your benefit payable is the return of member contributions and total earned interest plus matching death benefit which is limited to a \$5,000 maximum.

**Note:** The employee's spouse will receive the benefit specified unless the employee has designated another individual as beneficiary. If no individual has been designated as beneficiary, and there is no spouse, the appropriate lump sum payment will be made to the estate.

\* Age 52 for State Police members.

\*\* If the death occurred more than 180 calendar days after the member's last day in pay status, or if the deceased had applied for a refund of contributions, or terminated employment, the lump sum payment would be the same as shown in the last example.