

Complete all applicable items on this form; incomplete and unsigned forms will be returned.
For additional information, see instructions on page 5.

Please print clearly in black ink.

Section 1: Member information

First and middle names

Last name

Date of birth (mm/dd/yyyy)

SSN (last 4 digits only)

Membership status (check only one): Member Retiree

Section 2: Beneficiary designation for other benefits

To name an OAP beneficiary, you must be an active member with at least ten years of contributory service on or before June 30, 2012 or at least five years of contributory service on or after July 1, 2012.

Person as a beneficiary

First name

MI

Last name

Address (street number, street name and apartment number)

City

State

ZIP code

Telephone (area code and number)

Relationship

SSN

Date of birth (mm/dd/yyyy)

Beneficiary type (check only one): Primary Contingent OAP election (if vested): OAP

Benefit type: Refund Death benefit

First name

MI

Last name

Address (street number, street name and apartment number)

City

State

ZIP code

Telephone (area code and number)

Relationship

SSN

Date of birth (mm/dd/yyyy)

Beneficiary type (check only one): Primary Contingent OAP election (if vested): OAP

Benefit type: Refund Death benefit

Person as a beneficiary (continued)

First name MI Last name

Address (street number, street name and apartment number)

City State ZIP code Telephone (area code and number)

Relationship SSN Date of birth (mm/dd/yyyy)

Beneficiary type (check only one): Primary Contingent **OAP election (if vested):** OAP

Benefit type: Refund Death benefit

First name MI Last name

Address (street number, street name and apartment number)

City State ZIP code Telephone (area code and number)

Relationship SSN Date of birth (mm/dd/yyyy)

Beneficiary type (check only one): Primary Contingent **OAP election (if vested):** OAP

Benefit type: Refund Death benefit

First name MI Last name

Address (street number, street name and apartment number)

City State ZIP code Telephone (area code and number)

Relationship SSN Date of birth (mm/dd/yyyy)

Beneficiary type (check only one): Primary Contingent **OAP election (if vested):** OAP

Benefit type: Refund Death benefit

Organization as a beneficiary

Organization name _____

Address (street number and name) _____

City _____ State _____ ZIP code _____ Telephone (area code and number) _____

Benefit category (check only one): Primary Contingent **Benefit type:** Refund Death benefit _____
 Organization Tax ID Number _____

Section 3: Family information

(to be completed by Judges, Teachers with TSB, State Police, and Police and Fire members only)

Please make a copy of this page if additional space for family information is needed. Indicating family members below **does not** designate beneficiary status.

Current marital status (check only one): Single Married Divorced Widowed

Spouse's information

Name _____ SSN _____ Date of birth (mm/dd/yyyy) _____

Dependent children's information

Name _____ SSN _____ Date of birth (mm/dd/yyyy) _____

Name _____ SSN _____ Date of birth (mm/dd/yyyy) _____

Name _____ SSN _____ Date of birth (mm/dd/yyyy) _____

Name _____ SSN _____ Date of birth (mm/dd/yyyy) _____

Name _____ SSN _____ Date of birth (mm/dd/yyyy) _____

Parent's information

Name _____ SSN _____ Date of birth (mm/dd/yyyy) _____

Name _____ SSN _____ Date of birth (mm/dd/yyyy) _____

Section 4: Member/retiree authorization *(signature must be notarized)*

I, the undersigned, certify that I have read and that I understand the information regarding beneficiary designation available to me as a member or retiree of the Employees' Retirement System of Rhode Island.

Member/retiree signature

Date of signature (mm/dd/yyyy)

Notarization of member's/retiree's signature *(required)*

State

County

Subscribed and sworn to (or affirmed) before me on the _____ day of _____, 20_____

(SEAL)

Notary public signature

Notary name (print)

Date of commission expiration (mm/dd/yyyy)

Notary phone number (area code and number)

Please forward this completed, dated, signed and notarized, to the following address:

Employees' Retirement System of Rhode Island

50 Service Avenue, 2nd Floor
Warwick, RI 02886-1021

Office: (401) 462-7600

Note: Beneficiary forms submitted by email or fax will not be accepted.

General Instructions

- This form is used to name a beneficiary of your retirement account(s) in the event of your death.
- You may name one or multiple beneficiaries. If you name more than one beneficiary, they will evenly split your benefits at the time of payment.
- For additional information on naming beneficiaries or about death benefits, please utilize ERSRI's online resources at www.ersri.org.

Purpose of Primary and Contingent designations

- **Primary beneficiary:** A primary beneficiary is the person who will receive your benefits upon your death. You can name multiple primary beneficiaries, and ERSRI will split your benefit among all named primary beneficiaries.
- **Contingent beneficiary:** If you have named a primary beneficiary and they predecease you, you can instruct ERSRI to pay a different person in the event of your death. A contingent beneficiary will only receive benefits if all named primary beneficiaries have died. Otherwise, your benefits will be split among the remaining primary beneficiaries.

Purpose of the Benefit type

If you are an active member, ERSRI pays two separate benefits to your beneficiaries at the time of your death. The first is a refund of your contributions, and the second is a death benefit based on your years of service.

1. **Refund Benefits:** This refund of your contributions is paid to the beneficiary(ies) as a lump-sum (one-time) payment. To see how to have your beneficiaries paid with an annuity, see *What is Optional Annuity Protection?* below.
2. **Death Benefit:** This money is paid to named beneficiaries based on your years of service, as recorded by ERSRI. Active ERSRI members are entitled to a death benefit of \$800 per year of service, up to a maximum \$16,000. This amount reduces 25% each year after you retire, down to a minimum \$4,000.

What is Optional Annuity Protection (OAP)?

Optional Annuity Protection is a way to provide your beneficiary with the option of receiving a monthly annuity benefit, rather than a one-time refund of contributions if you die while you are still working (prior to retirement).

- **OAP eligibility:** Active members with at least ten years of contributing service credit on or before June 30, 2012 or at least five years of contributing services on or after July 1, 2012 are eligible to elect OAP.
- **OAP beneficiary designation:**
 - If you have named a spouse or domestic partner (domestic partners will be asked to certify by affidavit that they meet the criteria set forth in state statute) as your beneficiary, he/she is automatically eligible to receive an annuity when you die, even if you do not check the OAP box on this form.
 - If you would like a different person to be eligible for an annuity, you must specify it on this form.
 - If your OAP beneficiary predeceases you, your benefits will revert to your estate unless you choose a contingent OAP beneficiary.
 - OAP is a benefit for active members. An OAP designation is void upon your retirement.
 - State police, judicial, general municipal, police & fire members may not elect to have multiple beneficiaries for the OAP benefit.

ATTENTION! If you are a Police/Fire member, marking the OAP election may result in lower benefits to your spouse or domestic partner.

Instructions for selecting an organization as a beneficiary

If you want to add an organization as a beneficiary, then you must give all the necessary information including organization name, benefit category, benefit type and organization tax identification number (TIN).

Examples for naming beneficiaries

Simple cases: single beneficiary

If you only wish to name one person as a beneficiary of your retirement account(s), list them as a Primary Beneficiary, and check both the Refund and Death benefit types. This person will receive all of your contributions and death benefits. If the person is your spouse, you do not need to specify the OAP election, since they will automatically be eligible depending on your amount of service. If the person is a child, you may choose to elect them for the OAP by checking that box on the form. Your child will have a choice of a lump-sum payment or an annuity upon your death.

Family cases: multiple beneficiaries

Now assume you have a wife and two children. You may want to specify that all of your benefits be paid to your wife upon your death, but you want to look out for the children in the event that you and your wife die simultaneously.

First, specify your wife as primary beneficiary, and select Refund and Death benefit types. If you die, your wife will receive all of your benefits. Next, list your two children as contingent beneficiaries. Choose whether you want your children to be able to split an annuity or split a lump-sum payment by selecting the OAP column. Next, mark both of your children as recipients of your Refund and Death benefit payments. This will split all of your benefits evenly between them.

Mary _____ A _____ Wife _____
 First name MI Last name

123 Main Street _____
 Address (street number, street name and apartment number)

Anywhere _____ RI _____ 99999 _____ 555-555-1212 _____
 City State ZIP code Telephone (area code and number)

Spouse _____ 1234-56-7890 _____ 01/31/1950 _____
 Relationship SSN Date of birth (mm/dd/yyyy)

Beneficiary type (check only one): Primary Contingent **OAP election (if vested):** OAP

Benefit type: Refund Death benefit

Johnny _____ A _____ Child _____
 First name MI Last name

123 Main Street _____
 Address (street number, street name and apartment number)

Anywhere _____ RI _____ 99999 _____ 555-555-1212 _____
 City State ZIP code Telephone (area code and number)

Child _____ 1234-56-7890 _____ 12/31/1976 _____
 Relationship SSN Date of birth (mm/dd/yyyy)

Beneficiary type (check only one): Primary Contingent **OAP election (if vested):** OAP

Benefit type: Refund Death benefit

Suzie _____ B _____ Child _____
 First name _____ MI _____ Last name _____

123 Main Street _____
 Address (street number, street name and apartment number) _____

Anywhere _____ RI _____ 99999 _____ 555-555-1212 _____
 City _____ State _____ ZIP code _____ Telephone (area code and number) _____

Child _____ 1234-56-7890 _____ 12/31/1976 _____
 Relationship _____ SSN _____ Date of birth (mm/dd/yyyy) _____

Beneficiary type (check only one): Primary Contingent **OAP election (if vested):** OAP

Benefit type: Refund Death benefit

Family cases: special scenarios you can set up with ERSRI

Now, assume that you have a spouse and two children, but you wish to direct your additional death benefit to a charity or funeral home in the event of your death. You want the payment to go directly to the organization whether or not the refund benefit is being paid to the primary or contingent beneficiary.

You set up your spouse as the primary beneficiary but this time, do not check the Death benefit check box. Leave it blank. Next, set up the children as in the previous example, but leave the Death benefit check box blank. Now, in the section for organizations, specify the recipient of the additional Death benefit. Name the organization as primary, specify the Death benefit type, and provide the organization's tax identification number.

Mary _____ A _____ Wife _____
 First name _____ MI _____ Last name _____

123 Main Street _____
 Address (street number, street name and apartment number) _____

Anywhere _____ RI _____ 99999 _____ 555-555-1212 _____
 City _____ State _____ ZIP code _____ Telephone (area code and number) _____

Spouse _____ 1234-56-7890 _____ 01/31/1950 _____
 Relationship _____ SSN _____ Date of birth (mm/dd/yyyy) _____

Beneficiary type (check only one): Primary Contingent **OAP election (if vested):** OAP

Benefit type: Refund Death benefit

Johnny A Child
 First name MI Last name

123 Main Street
 Address (street number, street name and apartment number)

Anywhere RI 99999 555-555-1212
 City State ZIP code Telephone (area code and number)

Child 1234-56-7890 12/31/1976
 Relationship SSN Date of birth (mm/dd/yyyy)

Beneficiary type (check only one): Primary Contingent **OAP election (if vested):** OAP

Benefit type: Refund Death benefit

Suzie B Child
 First name MI Last name

123 Main Street
 Address (street number, street name and apartment number)

Anywhere RI 99999 555-555-1212
 City State ZIP code Telephone (area code and number)

Child 1234-56-7890 12/31/1976
 Relationship SSN Date of birth (mm/dd/yyyy)

Beneficiary type (check only one): Primary Contingent **OAP election (if vested):** OAP

Benefit type: Refund Death benefit

Organization as a beneficiary

Shady Lane Funeral Chapel
 Organization name

123 Main Street
 Address (street number and name)

Anywhere RI 99999 555-555-1212
 City State ZIP code Telephone (area code and number)

Benefit category (check only one): Primary Contingent **Benefit type:** Refund Death benefit _____
 Organization Tax ID Number