

## Beneficiary Designation Form 1B – Revised 07/01/2016

Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

	t Name:	MI:	Last Name:				_   Memb	er [	□Re	tire
Soc	cial Security No.:	Birth Date mm/	/dd/ccyy:				Gene	ler: □	M	□ F
Re	tirement Plan – Plans are govern	mental defined benefit plans qualit	ied under Section 401	(a) of the Internal Rev	enue Cod	e. Sele	ect applicabl	e plar	1.	
	Public Employees' Retirement System	m of Mississippi (PERS)	Mississippi Highway S	Safety Patrol Retirem	ent Syste	m (MF	ISPRS)			
	Supplemental Legislative Retirement	Plan (SLRP)								
is n	neficiary Information – Use ad amed, the primary beneficiaries shal neficiaries shall share equally unless	ll share equally unless otherwise	indicated. Likewise, if	more than one seco	ndary ben	eficiary	is named,			
Ber	neficiary Name	Social Security No.	urity No. Birth Date Relationship mm/dd/ccyy		<b>Beneficiary Percentage Gender</b> <i>P=Primary, S=Secondary Use whole numbers</i>					
					🗆 P	□S		% <b></b>	M	
					DP	□S		% <b></b>	M	□ F
					D	□S		% <b></b>	] M	
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