



# City Of Phoenix Employees' Retirement System

Return Form to:

## RETIREE BENEFICIARY DESIGNATION

COPERS  
200 W WASHINGTON ST.  
10<sup>th</sup> FLOOR  
PHOENIX, AZ 85003

www.phoenix.gov/copers

Phone (602) 534-4400 Fax (602) 495-2008

XXX-XX-

Last Name

First Name, MI

Social Security Number

Date of Birth

Daytime Phone Number

### PART I: STATUS/BENEFIT COVERAGE (Initial ONLY ONE BOX, to the left of the paragraph describing your situation)

initials

(1) **Retired Member/Survivor (Other than "Option C")** – In the event of my death and no survivor pension becomes payable pursuant to Chapter XXIV, Section 24 of the Charter, under the option I have chosen at the time of retirement, I direct any remaining contributions left in my member contributions account, less the pension payments made to me, be paid to individual(s)/entities listed in Part III. I recognize the individual(s)/entities below will also receive my last month pension payment in the event I am single at the time of my death, otherwise, such last month check will be payable to my surviving spouse.

initials

(2) **Retired Member/Surviving Beneficiary ("Option C")** – In the event of my death, I direct any guaranteed payments remaining (maximum 120) be paid to the Individual(s)/entities listed in Part III. I recognize the individual(s)/entities below will also receive my last month pension payment in the event I am single at the time of my death, otherwise, such last month check will be payable to my surviving spouse.

initials

(3) **Alternate Payee** – I am the recipient of a portion of my ex-spouse's retirement/pension benefits under a Domestic Relations Order (DRO) or equivalent order by a court of competent jurisdiction. I recognize the individual(s)/entities below will also receive my last month pension payment in the event I am single at the time of my death, otherwise, such last month check will be payable to my surviving spouse.

Name of COPERS retiree \_\_\_\_\_ Social Security No. \_\_\_\_\_

### PART II: DOMESTIC RELATIONS ORDERS (ANSWER BY MARKING THE APPROPRIATE BOX)

Is there a Domestic Relations Order (divorce) or other order by a court of competent jurisdiction mandating your designation of specific persons as designated beneficiaries of the above benefits? (Include any DRO or Court Order, if applicable.) Yes  No  **Note: Divorce automatically terminates your ex-spouse as your beneficiary; however, in order to update our records, you must complete a new form. If you would like to maintain your ex-spouse as the beneficiary, please complete a new beneficiary form after the date of the divorce.**

### Part III: DESIGNATION OF BENEFICIARIES: Individuals, Trusts and/or legally formed entities can be named. If a Trust is named, please provide a copy of the Trust to our office. (We Suggest You Cross Out Any Lines You Do Not Use Below)

Check whether beneficiary is primary or alternate  Check if this is an address change for your beneficiary  
\*Alternate Beneficiary(ies) – The individuals/entities listed as alternate beneficiary(ies) will be generally used if none of the primary beneficiaries survive you.

| PRIMARY <input type="checkbox"/> | ALTERNATE <input type="checkbox"/> | Last Name, First, M.I. | Date of Birth   | Social Security Number/<br>Tax ID # | Relationship   |
|----------------------------------|------------------------------------|------------------------|-----------------|-------------------------------------|----------------|
|                                  |                                    | Mailing Address        | City, State Zip | Phone Number                        | Percentage (%) |
| PRIMARY <input type="checkbox"/> | ALTERNATE <input type="checkbox"/> | Last Name, First, M.I. | Date of Birth   | Social Security Number/<br>Tax ID # | Relationship   |
|                                  |                                    | Mailing Address        | City, State Zip | Phone Number                        | Percentage (%) |
| PRIMARY <input type="checkbox"/> | ALTERNATE <input type="checkbox"/> | Last Name, First, M.I. | Date of Birth   | Social Security Number/<br>Tax ID # | Relationship   |
|                                  |                                    | Mailing Address        | City, State Zip | Phone Number                        | Percentage (%) |
| PRIMARY <input type="checkbox"/> | ALTERNATE <input type="checkbox"/> | Last Name, First, M.I. | Date of Birth   | Social Security Number/<br>Tax ID # | Relationship   |
|                                  |                                    | Mailing Address        | City, State Zip | Phone Number                        | Percentage (%) |

\*If you nominate more than one primary or alternate beneficiary and one of the nominated beneficiaries predeceases you, such persons' portion will automatically increase the others, proportionately.

Signature of Member

Date

Signature of Witness (cannot be a named beneficiary)

Date

**Subject to Laws and Regulations** – This designation is subject to Arizona Revised Statutes, the Charter of the City of Phoenix (Charter) and the rules and regulations established by the City of Phoenix Employees' Retirement Board (Board). The acceptance of this designation by the Board does not necessarily establish that a death benefit/payment is payable. **Whether or not a death benefit is payable, and the amount thereof, will be determined at the time of death under the laws and regulations then applicable.**