



**West Virginia  
Consolidated Public Retirement Board (CPRB)**

4101 MacCorkle Avenue, SE  
Charleston, WV 25304  
304-558-3570 or 800-654-4406  
[www.wvretirement.com](http://www.wvretirement.com)

**PUBLIC EMPLOYEES  
RETIREMENT SYSTEM  
(PERS)**

**Pre-Retirement  
Beneficiary Designation**

This form is not valid unless it is completed correctly and the original form is received by the CPRB prior to death. You must sign and date this form and a witness must also sign and date this form or it will not be accepted by CPRB. Note: Once accepted by CPRB, this form supersedes any and all prior Beneficiary Designations for you under PERS. Please print legibly and use blue ink. The original completed form must be mailed to the address above. Copied, faxed, or emailed forms are considered INVALID and will be rejected.

**THINGS TO REMEMBER:**

**This form is not valid for anyone who has commenced retirement in PERS, including retirees who have returned to work for a PERS participating employer.**

**If your family situation changes (birth, death, divorce, etc.), you should re-evaluate your beneficiary designation, especially if a named beneficiary pre-deceases you. If you wish to change your beneficiary, you should complete a new beneficiary form and return it to the CPRB. Please keep a copy of this document for your records.**

**If you select a beneficiary who is a minor or who is many years younger than you at your date of death, the annuity death benefit payable to that beneficiary may be reduced to the minimum extent necessary to ensure compliance with federal law.**

**THERE ARE 5 DIFFERENT SECTIONS CONTAINED WITHIN THIS PACKET.  
PLEASE COMPLETE ONLY THE SECTION THAT DESCRIBES YOUR YEARS OF SERVICE, MARITAL STATUS  
AND ORIGINAL DATE OF HIRE.**

If you ...	Complete this section ...
have less than 10 years of PERS credited service	Section I (page 2)
have 10 or more years of PERS credited service, are married and were originally hired before or on June 9, 2006	Section II (pages 3 and 4)
have 10 or more years of PERS credited service, are NOT married and were originally hired before or on June 9, 2006	Section III (page 5)
have 10 or more years of PERS credited service, are married and were hired after June 9, 2006	Section IV (pages 6 and 7)
have 10 or more years of PERS credited service, are NOT married and were hired after June 9, 2006	Section V (page 8)

*Note: Withdrawn PERS service that has not been reinstated does not count toward your credited service.*

**KEEP THIS COVERSHEET FOR YOUR RECORDS AND RETURN ONLY THE SECTION THAT YOU COMPLETE.  
REMEMBER TO SIGN AND DATE THE SECTION YOU COMPLETE.**

**DEFINITIONS:**

“Annuity” means the annual amount payable in monthly installments by the retirement system throughout the life of a person.  
“Beneficiary” means any person, except a retirant, who is, or will be, entitled to an annuity or other benefit payable by the retirement system.

“CPRB” means the West Virginia Consolidated Public Retirement Board.

“Insurable Interest” means an interest that arises from the ties of blood or marriage to the member as will justify a reasonable right to expect some pecuniary advantage from the continuance of the life of the member, or that relationship where a person has a legal claim on the member for service and support. WV Code § 5-10-27(b) states: If the [spousal] waiver is presented to and accepted by the CPRB, the member ... may nominate a beneficiary who has an insurable interest in the member’s ... life.

“Member” means any person who is included in the membership of the retirement system.

“Original Date of Hire” means hire date with first PERS participating agency. (This employer may be a different PERS employer than current employer.)

“PERS” means Public Employees Retirement System.

**REMEMBER TO SIGN AND DATE THIS FORM**

Pre-Retirement Beneficiary Options for PERS -- Use BLUE INK ONLY and **mail the original form** to CPRB.

**SECTION I: LESS THAN 10 YEARS OF CREDITED SERVICE REGARDLESS OF YOUR ORIGINAL DATE OF HIRE**

[WV Code §5-10-27]

*»If you have more than 10 years of service, go to page 3, page 5, page 6, or page 8.*

I have less than 10 years of credited service and, in the event of my death, I direct CPRB to pay my accumulated contributions in a lump sum to my named beneficiary(ies) - i.e. family members, estate.

Note: You may elect to name multiple primary and/or secondary beneficiaries. If you wish to do so and need more space than is provided, attach to this form a sheet of paper with your name and social security number; include all beneficiary information required below, whether the beneficiary is to be Primary or Secondary, plus the percent of the distribution each is to receive.

Full Name of Beneficiary	SSN	Date of Birth	Relationship	Percentage
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>				%
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>				%
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>				%
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>				%

**THINGS TO REMEMBER:**

If your family situation changes (birth, death, divorce, etc.), you should re-evaluate your beneficiary designation, especially if a named beneficiary pre-deceases you. If you wish to change your beneficiary, you should complete a new beneficiary form and return it to the CPRB. Please keep a copy of this document for your records.

As you pass the 10 Years of Credited Service threshold, you need to re-evaluate your beneficiary designation. Please call the CPRB when this time occurs. Your total Years of Credited Service appears on your annual PERS Statement.

**IMPORTANT:**

**This form is not valid for anyone who has commenced retirement in PERS, including retirees who have returned to work for a PERS participating employer.**

Member Printed Name		SSN	Date of Birth
Mailing Address			
City		State	Zip Code
Employer		Work Phone	Home Phone
Member Signature			Date
Witness Printed Name (Cannot be a named beneficiary)		Witness Signature	
		Date	
Witness Mailing Address			Witness Telephone

*Once accepted by the CPRB, this form supersedes any and all prior Pre-Retirement Beneficiary Designations for you under PERS.*

<b>CPRB use only:</b>	
Verify correct section completed based on PERS credited service and original hire date.	_____
Verify member is not a PERS retiree.	Initial      Date

**REMEMBER TO SIGN AND DATE THIS FORM ON PAGE 4**

Pre-Retirement Beneficiary Options for PERS -- Use BLUE INK ONLY and mail the original form to CPRB

**SECTION II: 10 YEARS OR MORE OF CREDITED SERVICE, MARRIED, AND HIRED BEFORE OR ON JUNE 9, 2006**

[WV Code §5-10-27]

»If you have 10 years or more of credited service and are not married, go to page 5 or page 8.

Elect one (1) of the following two (2) options by selecting  box that applies: **Option 1**

**I am married, I have 10 or more years of credited service and, in the event of my death, I elect my spouse to receive a 100% joint and survivor annuity.**

Full Name of Spouse	SSN	Date of Birth	Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female

In the event my spouse pre-deceases me, I have the option to choose one (1) of the two (2) following alternatives:

Alternative 1: Pay 100% Joint and Survivorship annuity to the following individual, who has an insurable interest in my life:

Full Name of Beneficiary	SSN	Date of Birth	Relationship

If you select a beneficiary who is a minor or who is many years younger than you at your date of death, the annuity death benefit payable to that beneficiary may be reduced to the minimum extent necessary to ensure compliance with federal law. Only one (1) beneficiary may be named under this option.

**OR**

Alternative 2: Pay lump sum contributions to:

Full Name of Beneficiary	SSN	Date of Birth	Relationship	Percentage
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>				%
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>				%

**Option 2**

**My spouse has chosen to waive his/her right to retirement benefits after my death (spouse must complete the "Spouse's Waiver of Survivorship Annuity" section below).**

**SPOUSE'S WAIVER OF SURVIVORSHIP ANNUITY**

I hereby consent to my spouse's request to pay pre-retirement survivor benefits to the Beneficiary specified in Option 2a or 2b. I understand that: (1) such designation causes my spouse's death benefit to be paid to a beneficiary other than me, (2) such beneficiary designation is not valid unless I consent to it, and (3) my consent is irrevocable unless my spouse revokes this beneficiary designation.

Executed this \_\_\_\_\_ day of \_\_\_\_\_,

_____	_____
SPOUSE'S SIGNATURE	NOTARY PUBLIC SIGNATURE AND SEAL REQUIRED

(SEAL)

**Therefore, I elect to:**

Option 2a: Name a beneficiary who has an insurable interest in my life to receive a 100% joint and survivor annuity.

Full Name of Beneficiary	SSN	Date of Birth	Relationship

If you select a beneficiary who is a minor or who is many years younger than you at your date of death, the annuity death benefit payable to that beneficiary may be reduced to the minimum extent necessary to ensure compliance with federal law. Only one (1) beneficiary may be named under this option.

**SECTION II CONTINUED ON PAGE 4**

**REMEMBER TO SIGN AND DATE THIS FORM**

Pre-Retirement Beneficiary Options for PERS -- Use BLUE INK ONLY and **mail the original form** to CPRB

**SECTION II, CONTINUED**

**OR**

Option 2b: Have my pre-retirement death benefit paid in a lump sum to my named beneficiary(ies) - i.e. family members, estate.

Full Name of Beneficiary	SSN	Date of Birth	Relationship	Percentage
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>				%
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>				%

**THINGS TO REMEMBER:**

If your family situation changes (birth, death, divorce, etc.), you should re-evaluate your beneficiary designation, especially if a named beneficiary pre-deceases you. If you wish to change your beneficiary, you should complete a new beneficiary form and return it to CPRB. Please keep a copy of this document for your records.

**IMPORTANT:**

**This form is not valid for anyone who has commenced retirement in PERS, including retirees who have returned to work for a PERS participating employer.**

Member Name	SSN	Date of Birth
Mailing Address		
City	State	Zip Code
Employer	Work Phone	Home Phone
Member Signature	Date	
Witness Printed Name (Cannot be a named beneficiary)	Witness Signature	Date
Witness Mailing Address	Witness Telephone	

*Once accepted by the CPRB, this form supersedes any and all prior Pre-Retirement Beneficiary Designations for you under PERS.*

CPRB use only:	
Verify correct section completed based on PERS credited service and original hire date.	_____
Verify member is not a PERS retiree.	Initial      _____
	Date

**REMEMBER TO SIGN AND DATE THIS FORM**

Pre-Retirement Beneficiary Options for PERS -- Use BLUE INK ONLY and **mail the original form** to CPRB

**SECTION III: 10 YEARS OR MORE OF CREDITED SERVICE, NOT MARRIED AND HIRED BEFORE OR ON JUNE 9, 2006**

*»If you have ten (10) years or more of credited service and are married, go to page 3 or page 6.*

Elect one (1) of the following three (3) options by selecting  box that applies pursuant WV Code § 5-10-27:

**Option 1**

**I elect to have my pre-retirement death benefit paid in a lump sum to my named beneficiary(ies).**

Note: You may elect to name multiple primary and/or secondary beneficiaries if you elect to have your pre-retirement death beneficiary paid in a lump sum. If you wish to do so and you need more space than is provided, attach to this form a sheet of paper with your name and social security number, include all beneficiary information required below, whether the beneficiary is to be Primary or Secondary plus the percent of distribution each is to receive

Full Name of Beneficiary	SSN	Date of Birth	Relationship	Percentage
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>				%
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>				%

**Option 2**

**I elect to name a beneficiary who has an insurable interest in my life to receive a 100% joint and survivor annuity.**

If you select a beneficiary who is a minor or who is many years younger than you at your date of death, the annuity death benefit payable to that beneficiary may be reduced to the minimum extent necessary to ensure compliance with federal law. Only one (1) beneficiary may be named under this option.

Full Name of Beneficiary	SSN	Date of Birth	Relationship

**Option 3**

**I elect to not name a beneficiary and have my pre-retirement death benefit paid as a monthly annuity to my minor child or children until such child or children attain age 21 or sooner marry or become emancipated.**

WV Code § 5-10-27 states: "The annuity shall be calculated as though the member had retired as of the date of his or her death and elected a straight life annuity and the amount of the annuity shall be paid in equal monthly installments to the member's infant child or children until the child or children attain age twenty-one or sooner marry or become emancipated; however, in no event shall any child or children receive more than two hundred fifty dollars (\$250.00) per month each".

Full Name of Minor Child(ren)	Daughter/Son	SSN	Date of Birth

**THINGS TO REMEMBER:** If your family situation changes (birth, death, divorce, etc.), you should re-evaluate your beneficiary designation, especially if a named beneficiary pre-deceases you. If you wish to change your beneficiary, you should complete a new beneficiary form and return it to CPRB. Please keep a copy of this document for your records. **IMPORTANT: This form is not valid for anyone who has commenced retirement in PERS, including retirees who have returned to work for a PERS participating employer.**

Member's Name		SSN	Date of Birth
Mailing Address	City	State	Zip Code
Employer	Work Phone	Home Phone	
Member Signature			Date
Witness Printed Name (Cannot be a named beneficiary)	Witness Signature		Date
Witness Mailing Address			Witness Telephone Number

*Once accepted by the CPRB, this form supersedes any and all prior Pre-Retirement Beneficiary Designations for you under PERS.*

CPRB use only:	
Verify correct section completed based on PERS credited service and original hire date.	
Verify member is not a PERS retiree.	_____ Initial                  Date

**REMEMBER TO SIGN AND DATE THIS FORM ON PAGE 7**

Pre-Retirement Beneficiary Options for PERS -- Use BLUE INK ONLY and **mail the original form** to CPRB

**SECTION IV: 10 YEARS OR MORE OF CREDITED SERVICE, MARRIED, AND HIRED AFTER JUNE 9, 2006**

[WV Code §5-10-27]

»If you have 10 years or more of credited service and are not married, go to page 5 or page 8.

Elect one (1) of the following two(2) options by selecting  box that applies:

**Option 1**

**I am married, I have 10 or more years of credited service and, in the event of my death, I elect my spouse to receive a 100% joint and survivor annuity.**

Full Name of Spouse	SSN	Date of Birth	Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female

In the event my spouse pre-deceases me, I direct the CPRB to pay my accumulated contributions in a lump sum to:

Full Name of Beneficiary	SSN	Date of Birth	Relationship	Percentage
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>				%
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>				%

**Option 2**

**My spouse has chosen to waive his/her right to retirement benefits after my death (spouse must complete the "Spouse's Waiver of Survivorship Annuity" section below).**

<b>SPOUSE'S WAIVER OF SURVIVORSHIP ANNUITY</b>	
I hereby consent to my spouse's request to pay pre-retirement survivor benefits to the Beneficiary specified in Option 2a or 2b. I understand that: (1) such designation causes my spouse's death benefit to be paid to a beneficiary other than me, (2) such beneficiary designation is not valid unless I consent to it, and (3) my consent is irrevocable unless my spouse revokes this beneficiary designation.	
Executed this _____ day of _____, 20__.	
SPOUSE'S SIGNATURE	NOTARY PUBLIC SIGNATURE AND SEAL REQUIRED

**(SEAL)**

**Therefore, I elect:**

Option 2a: My child, who is financially dependent on me by virtue of a permanent mental or physical disability, to receive a 100% joint and survivor annuity. Evidence of disability must be provided and disabled child must be named sole beneficiary.

Full Name of Disabled Child	Daughter/Son	SSN	Date of Birth

If you select a beneficiary who is a minor or who is many years younger than you at your date of death, the annuity death benefit payable to that beneficiary may be reduced to the minimum extent necessary to ensure compliance with federal law.

Note: You may elect to name multiple primary and/or secondary beneficiaries if you elect to have your pre-retirement death benefit paid in a lump sum. If you wish to do so and need more space than is provided, attach to this form a sheet of paper with your name and social security number, include all beneficiary information required below, whether the beneficiary is to be Primary or Secondary, plus the percent of the distribution each is to receive.

**REMEMBER TO SIGN AND DATE THIS FORM**

Pre-Retirement Beneficiary Options for PERS -- Use BLUE INK ONLY and **mail the original form** to CPRB

**OR**

Option 2b: My pre-retirement death benefit paid in a lump sum to my named beneficiary(ies).

Full Name of Beneficiary	SSN	Date of Birth	Relationship	Percentage
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>				%
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>				%

**THINGS TO REMEMBER:**

If your family situations changes (birth, death, divorce, etc.), you should re-evaluate your beneficiary designation, especially if a named beneficiary pre-deceases you. If you wish to change your beneficiary, you should complete a new beneficiary form and return it to the CPRB. Please keep a copy of this document for your records.

**IMPORTANT:**

**This form is not valid for anyone who has commenced retirement in PERS, including retirees who have returned to work for a PERS participating employer.**

Member Name		SSN	Date of Birth
Mailing Address			
City		State	Zip Code
Employer		Work Phone	Home Phone
Member Signature			Date
Witness Printed Name (Cannot be a named beneficiary)		Witness Signature	Date
Witness Mailing Address			Witness Telephone Number

*Once accepted by the CPRB, this form supersedes any and all prior Pre-Retirement Beneficiary Designations for you under PERS.*

CPRB use only:

Verify correct section completed based on PERS credited service and original hire date.  
 Verify member is not a PERS retiree.

\_\_\_\_\_ Initial

\_\_\_\_\_ Date

**REMEMBER TO SIGN AND DATE THIS FORM**

Pre-Retirement Beneficiary Options for PERS -- Use BLUE INK ONLY and mail the original form to CPRB

**SECTION V: 10 YEARS OR MORE OF CREDITED SERVICE, NOT MARRIED AND HIRED AFTER JUNE 9, 2006**

*»If you have 10 or more years of credited service and are married, go back to page 3 or page 6.*

Elect one (1) of the following three (3) options by selecting  box that applies pursuant WV Code § 5-10-27:

**Option 1**

**I elect to have my pre-retirement death benefit paid in a lump sum to my named beneficiary(ies).**

Note: You may elect to name multiple primary and/or secondary beneficiaries if you elect to have your pre-retirement death benefit paid in one lump sum. If you wish to do so and you need more space than is provided, attach to this form a sheet of paper with your name and social security number, include all beneficiary information required below, whether the beneficiary is to be Primary or Secondary, plus the percent of the distribution each is to receive.

Full Name of Beneficiary	SSN	Date of Birth	Relationship	Percentage
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>				%
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>				%

**Option 2**

**I elect my child, who is financially dependent on me by virtue of a permanent mental or physical disability, to receive a 100% joint and survivor annuity for the remainder of his or her life.**

*Evidence of disability must be provided and disabled child must be named sole beneficiary.*

If you select a beneficiary who is a minor or who is many years younger than you at your date of death, the annuity death benefit payable to that beneficiary may be reduced to the minimum extent necessary to ensure compliance with federal law.

Full Name of Disabled Child	Daughter/Son	SSN	Date of Birth

**Option 3**

**I elect to not name a beneficiary and have my pre-retirement death benefit paid as a monthly annuity to my minor child or children until such child or children attain age 21 or sooner marry or become emancipated.**

WV Code § 5-10-27 states: "The annuity shall be calculated as though the member had retired as of the date of his or her decease and elected a straight life annuity and the amount of the annuity shall be paid in equal monthly installments to the member's infant child or children until the child or children attain age twenty-one or sooner marry or become emancipated; however, in no event shall any child or children receive more than two hundred fifty dollars (\$250.00) per month each".

Full Name of Minor Child(ren)	Daughter/Son	SSN	Date of Birth

**THINGS TO REMEMBER:** If your family situation changes (birth, death, divorce, etc.), you should re-evaluate your beneficiary designation, especially if a named beneficiary pre-deceases you. If you wish to change your beneficiary, you should complete a new beneficiary form and return it to the CPRB. Please keep a copy of this document for your records. **IMPORTANT: This form is not valid for anyone who has commenced retirement in PERS, including retirees who have returned to work for a PERS participating employer.**

Member Name		SSN	Date of Birth
Mailing Address	City	State	Zip Code
Employer	Work Phone	Telephone Number	
Member Signature			Date
Witness Printed Name (Cannot be a named beneficiary)	Witness Signature	Date	
Witness Mailing Address			Witness Telephone Number

*Once accepted by the CPRB, this form supersedes any and all prior Pre-Retirement Beneficiary Designations for you under PERS.*

CPRB use only:
Verify correct section completed based on PERS credited service and original hire date.
Verify member is not a PERS retiree.
_____
Initial                      Date