

WEST VIRGINIA STATE POLICE RETIREMENT SYSTEM (PLAN B) PRE-RETIREMENT BENEFICIARY DESIGNATION (WV Code § 15-2A-12)

This form is not valid unless it is completed correctly and received by the Consolidated Public Retirement Board (CPRB) prior to death. You must sign and date this form and a witness must also sign 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 Plan B. Please print legibly and use BLUE INK.

MEMBER INFORMATION:

NAME _____

SS# _____ DATE OF BIRTH _____

SPOUSAL INFORMATION:

Your Spouse is your primary beneficiary.

“Spouse” means the person to whom the member is legally married.

SPOUSE _____ SS# _____

ADDRESS _____ DATE OF BIRTH _____

DEPENDENT CHILD INFORMATION:

If you have no surviving spouse, any dependent child surviving you will be a primary beneficiary.

“Dependent child” means either:

(1) An unmarried person under age eighteen who is:

(A) A natural child of the member; (B) A legally adopted child of the member; (C) A child who at the time of the member’s death was living with the member while the member was an adopting parent during any period of probation; or (D) A stepchild of the member residing in the member’s household at the time of the member’s death; OR

(2) Any unmarried child under age twenty-three:

(A) Who is enrolled as a full-time student in an accredited college or university; (B) Who was claimed as a dependent by the member for federal income tax purposes at the time of the member’s death; and (C) Whose relationship with the member is described in subparagraph (A), (B) or (C), of paragraph (1) above.

DEPENDENT CHILD _____ SS# _____

ADDRESS _____ DATE OF BIRTH _____

DEPENDENT CHILD _____ SS# _____

ADDRESS _____ DATE OF BIRTH _____

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ADDRESS _____ DATE OF BIRTH _____

If additional space is necessary, please attach a sheet of paper with your name, SSN and dependent information as outlined above.

