



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

601 57th Street SE, Suite 5  
Charleston, WV 25304  
304-558-3570 or 800-654-4406  
[www.wvretirement.com](http://www.wvretirement.com)

**West Virginia State Police  
Trooper Plan B (WVSP-B)**

**Pre-Retirement  
Beneficiary Designation**

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 WVSP-B. This form is not valid for anyone who has commenced retirement in WVSP-B. Please print legibly and use BLUE INK. The original completed form must be mailed to the address above. Copies, faxed, or emailed forms are considered INVALID and will be rejected.

**Section 1: Member Information**

Member Name		SSN	CPRB ID	Date of Birth	
Telephone Number	Street Address		City	State	Zip Code

**Section 2: Spousal Information** Your Spouse is your primary beneficiary. "Spouse" means the person to whom the member is legally married.

Spouse Name		SSN	Date of Birth		
Telephone Number	Street Address		City	State	Zip Code

**Section 3: Dependent Child Information:**

If you have no surviving spouse, any dependent child surviving you will be a primary beneficiary. "Dependent child" means any unmarried child or children born to or adopted by a member or a retirant of the fund who:

- (A) Is under the age of eighteen;
- (B) After reaching eighteen years of age, continues as a full-time student in any accredited high school, college, university, business or trade school until the child or children reaches the age of twenty-three years;
- or
- (C) Is financially dependent on the member or retirant by virtue of a permanent mental or physical disability upon evidence satisfactory to the board.

Dependent Child		SSN	Date of Birth		
Telephone Number	Street Address		City	State	Zip Code
Dependent Child		SSN	Date of Birth		
Telephone Number	Street Address		City	State	Zip Code
Dependent Child		SSN	Date of Birth		
Telephone Number	Street Address		City	State	Zip Code

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

Member Name	SSN	CPRB ID
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**Section 4: Dependent Parent Information** A parent who does not meet the definition of dependent parent should not be named in this section.

**If you have no surviving spouse or dependent children, any dependent parent surviving you will be a primary beneficiary.**

“Dependent parent” means the father or mother of the member *who was claimed as a dependent by the member for federal income tax purposes* at the time of the member’s death.

Dependent Parent		SSN	Date of Birth		
Telephone Number	Street Address	City	State	Zip Code	

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

**Section 5: Other Beneficiary Information**

**If you have no surviving spouse, dependent children, nor dependent parent(s) at the time of your death, your accumulated contributions shall be paid to a named beneficiary or beneficiaries.** If you wish to name multiple primary or secondary beneficiaries under this section, attach to this form a sheet of paper with your name and Social Security Number, providing all beneficiary information required below, whether beneficiary is to be Primary or Secondary, plus the percent of the distribution each is to receive. **If you wish to name adult children or parents who are not dependent as beneficiary, you should do so in this section.**

Primary Beneficiary		Relationship	SSN		
Date of Birth	Street Address	City	State	Zip Code	

If Primary Beneficiary is not living, then Secondary Beneficiary:

Secondary Beneficiary		Relationship	SSN		
Date of Birth	Street Address	City	State	Zip Code	

**If you have no surviving spouse, dependent child, dependent parent, or named beneficiary at the time of your death, your accumulated contributions will be paid to your estate.** You should re-evaluate your beneficiary designations with any family or life change, including:

- New Marriage
- Divorce
- Birth of new child
- Change in dependency status of your child
- Death of a named beneficiary

If you wish to change your beneficiary, complete a new pre-retirement beneficiary designation form and return it to CPRB. Please retain a copy of this document for your records.

**Section 6: Authorization**

Member Printed Name	Member Signature	Date
Witness Printed Name	Witness Signature	Date
Witness Mailing Address		

Please be advised, this form must be signed and dated by the member and witness on the same date, or it will be rejected by CPRB.