



New Hampshire Retirement System, 54 Regional Drive, Concord, New Hampshire 03301-8507, (603) 410-3500

DESIGNATION OF DEATH BENEFICIARY(IES) (PRE-RETIREMENT)

READ INSTRUCTIONS BEFORE COMPLETING FORM

EXPLANATORY INFORMATION:

Accidental Death Benefit: For information on eligibility and benefit amounts, see the reverse side of this form and RSA 100-A:8.

Ordinary Death Benefit: For information on eligibility and benefit amounts, see the reverse side of this form and RSA 100-A:9.

Primary Beneficiary(ies): Your primary death beneficiary is the person(s) you designate to receive any NHRS death benefit, subject to the restrictions of RSA 100-A:8 and RSA 100-A:9, that may be due if you die before retirement. If you choose, you may designate a trust or your estate as your primary beneficiary.

Contingent Beneficiary(ies): If you die before retirement and your primary death beneficiary(ies) predeceases you, the person(s) you designate as your contingent death beneficiary(ies) may receive any death benefit and refund of contributions that may be payable at your death. If you choose, you may designate a trust or your estate as your contingent beneficiary.

INSTRUCTIONS:

STEP 1 – To designate one primary beneficiary, complete Section I, Part A in full. Do not complete Section I, Part B.

OR

To designate multiple primary beneficiaries, complete Section I, Part B in full. Do not complete Section I, Part A.

STEP 2 – To designate a contingent beneficiary(ies), complete Section II.

STEP 3 – Section III must include your signature, which must be acknowledged by a Notary Public or Justice of the Peace. This form must be completed and filed with the New Hampshire Retirement System for this beneficiary designation to take effect. If a trust is named as a beneficiary, a completed Pre-Retirement Death Benefits Designation of a Trust as Beneficiary form must be filed with this form.

SECTION I – DESIGNATION OF PRIMARY BENEFICIARY(IES)

PART A – ONE PRIMARY BENEFICIARY (If you complete Part A, DO NOT complete Part B.)

I designate the following person as my primary beneficiary.

Primary Beneficiary's Name	Primary Beneficiary's Address	Primary Beneficiary's Social Security #	Primary Beneficiary's Date of Birth	Relationship to Member
1.				

PART B – MULTIPLE PRIMARY BENEFICIARIES (If you complete Part B, DO NOT complete Part A.)

I designate the following people as my primary beneficiaries. (To designate additional multiple primary beneficiaries, check here _____ and attach signed and acknowledged supplemental information to this form.) * The sum of the distribution percentages must equal 100%.

Primary Beneficiaries' Names	* Distribution Percentage	Primary Beneficiaries' Addresses	Primary Beneficiaries' Social Security #'s	Primary Beneficiaries' Dates of Birth	Relationship to Member
1.	%				
2.	%				
3.	%				

SECTION II – DESIGNATION OF CONTINGENT BENEFICIARY(IES)

I designate the following person(s) as my contingent beneficiary(ies). (To designate additional contingent beneficiaries, check here _____ and attach signed and acknowledged supplemental information to this form.) * The sum of the distribution percentages must equal 100%.

Contingent Beneficiary(ies)' Name(s)	* Distribution Percentage	Contingent Beneficiary(ies)' Address(es)	Contingent Beneficiary(ies)' Social Security #'s	Contingent Beneficiary(ies)' Dates of Birth	Relationship to Member
1.	%				
2.	%				
3.	%				

SECTION III – MEMBER'S SIGNATURE AND ACKNOWLEDGEMENT

My designation of the above named beneficiary(ies) revokes any prior NHRS Designation of Death Beneficiary(ies) (Pre-Retirement) which I may have filed.

Member's Name _____ Member's Address _____

Member's Signature _____ Date _____ / _____ / _____ Social Security # _____ - _____ - _____
Month Day Year

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ Date _____ by _____ Member's Name _____

Signature of Person Taking Acknowledgement _____ Title (notary public or justice of the peace) _____ Expiration Date _____ *Affix Seal*