

Complete all applicable items on this form; incomplete and unsigned forms will be returned.  
**For additional information, see instructions on page 5.**

Please print clearly in black ink.

## Section 1: Member information

First Name	MI	Last Name
Date of Birth (mm/dd/yyyy)	SSN (last 4 digits only)	Membership status (check only one):    Member    Retiree

## Section 2: Beneficiary designation for other benefits

To name an OAP beneficiary, you must be an active member with at least ten years of contributory service on or before June 30, 2012 or at least five years of contributory service on or after July 1, 2012.

### Person as a beneficiary

First Name	MI	Last Name	
Address			
Address			
City	State	ZIP	Telephone Number
Relationship	SSN	Date of Birth (mm/dd/yyyy)	
Beneficiary type (check only one):    Primary    Contingent <b>OAP election (if vested):</b> OAP <b>Benefit type:</b> Refund    Death Benefit			

First Name	MI	Last Name	
Address			
Address			
City	State	ZIP	Telephone Number
Relationship	SSN	Date of Birth (mm/dd/yyyy)	
Beneficiary type (check only one):    Primary    Contingent <b>OAP election (if vested):</b> OAP <b>Benefit type:</b> Refund    Death Benefit			

Person as a beneficiary (continued)

\_\_\_\_\_  
First Name MI Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP Telephone Number

\_\_\_\_\_  
Relationship SSN Date of Birth (mm/dd/yyyy)

**Beneficiary type (check only one):** Primary Contingent **OAP election (if vested):** OAP **Benefit type:** Refund Death Benefit

\_\_\_\_\_  
First Name MI Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP Telephone Number

\_\_\_\_\_  
Relationship SSN Date of Birth (mm/dd/yyyy)

**Beneficiary type (check only one):** Primary Contingent **OAP election (if vested):** OAP **Benefit type:** Refund Death Benefit

\_\_\_\_\_  
First Name MI Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP Telephone Number

\_\_\_\_\_  
Relationship SSN Date of Birth (mm/dd/yyyy)

**Beneficiary type (check only one):** Primary Contingent **OAP election (if vested):** OAP **Benefit type:** Refund Death Benefit

## Organization as a beneficiary

Organization Name

Address

Address

City

State

ZIP

Telephone Number

Benefit category (check only one): Primary    Contingent    **Benefit type:** Refund    Death Benefit    \_\_\_\_\_  
 Organization Tax ID Number

## Section 3: Family information

(to be completed by Judges, Teachers with TSB, State Police, and Police and Fire members only)

Please make a copy of this page if additional space for family information is needed. Indicating family members below **does not** designate beneficiary status.

Current marital status (check only one): Single    Married    Divorced    Widowed

### Spouse's information

Name

SSN

Date of Birth (mm/dd/yyyy)

### Dependent children's information

Name

SSN

Date of Birth (mm/dd/yyyy)

### Parent's information

Name

SSN

Date of Birth (mm/dd/yyyy)

Name

SSN

Date of Birth (mm/dd/yyyy)

**Section 4: Member/retiree authorization** *(signature must be notarized)*

I, the undersigned, certify that I have read and that I understand the information regarding beneficiary designation available to me as a member or retiree of the Employees' Retirement System of Rhode Island.

\_\_\_\_\_  
*Member/Retiree Signature*

\_\_\_\_\_  
*Date of Signature (mm/dd/yyyy)*

**Notarization of member's/retiree's signature** *(required)*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*County*

Subscribed and sworn to (or affirmed) before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

(SEAL)

\_\_\_\_\_  
*Notary Public Signature*

\_\_\_\_\_  
*Notary Name (print)*

\_\_\_\_\_  
*Date of Commission Expiration (mm/dd/yyyy)*

\_\_\_\_\_  
*Notary Telephone Number*

Please forward this completed, dated, signed and notarized, to the following address:

**Employees' Retirement System of Rhode Island**

50 Service Avenue, 2nd Floor  
Warwick, RI 02886-1021

**Office:** (401) 462-7600 | **Fax:** (401) 462-7691

**Email:** [ersri@ersri.org](mailto:ersri@ersri.org) | **Website:** [www.ersri.org](http://www.ersri.org)

### General Instructions

- This form is used to name a beneficiary of your retirement account(s) in the event of your death.
- You may name one or multiple beneficiaries. If you name more than one beneficiary, they will evenly split your benefits at the time of payment.
- For additional information on naming beneficiaries or about death benefits, please utilize ERSRI's online resources at [www.ersri.org](http://www.ersri.org).

### Purpose of Primary and Contingent designations

- **Primary beneficiary:** A primary beneficiary is the person who will receive your benefits upon your death. You can name multiple primary beneficiaries, and ERSRI will split your benefit among all named primary beneficiaries.
- **Contingent beneficiary:** If you have named a primary beneficiary and they predecease you, you can instruct ERSRI to pay a different person in the event of your death. A contingent beneficiary will only receive benefits if all named primary beneficiaries have died. Otherwise, your benefits will be split among the remaining primary beneficiaries.

### Purpose of the Benefit type

If you are an active member, ERSRI pays two separate benefits to your beneficiaries at the time of your death. The first is a refund of your contributions, and the second is a death benefit based on your years of service.

1. **Refund Benefits:** This refund of your contributions is paid to the beneficiary(ies) as a lump-sum (one-time) payment. To see how to have your beneficiaries paid with an annuity, see *What is Optional Annuity Protection?* below.
2. **Death Benefit:** This money is paid to named beneficiaries based on your years of service, as recorded by ERSRI. Active ERSRI members are entitled to a death benefit of \$800 per year of service, up to a maximum \$16,000. This amount reduces 25% each year after you retire, down to a minimum \$4,000.

### What is Optional Annuity Protection (OAP)?

Optional Annuity Protection is a way to provide your beneficiary with the option of receiving a monthly annuity benefit, rather than a one-time refund of contributions if you die while you are still working (prior to retirement).

- **OAP eligibility:** Active members with at least ten years of contributing service credit on or before June 30, 2012 or at least five years of contributing services on or after July 1, 2012 are eligible to elect OAP.
- **OAP beneficiary designation:**
  - If you have named a spouse or domestic partner (domestic partners will be asked to certify by affidavit that they meet the criteria set forth in state statute) as your beneficiary, he/she is automatically eligible to receive an annuity when you die, even if you do not check the OAP box on this form.
  - If you would like a different person to be eligible for an annuity, you must specify it on this form.
  - If your OAP beneficiary predeceases you, your benefits will revert to your estate unless you choose a contingent OAP beneficiary.
  - OAP is a benefit for active members. An OAP designation is void upon your retirement.
  - State police, judicial, general municipal, police & fire members may not elect to have multiple beneficiaries for the OAP benefit.

**ATTENTION!** If you are a Police/Fire member, marking the OAP election may result in lower benefits to your spouse or domestic partner.

### Instructions for selecting an organization as a beneficiary

If you want to add an organization as a beneficiary, then you must give all the necessary information including organization name, benefit category, benefit type and organization tax identification number (TIN).

**Examples for naming beneficiaries**

**Simple cases: single beneficiary**

If you only wish to name one person as a beneficiary of your retirement account(s), list them as a Primary Beneficiary, and check both the Refund and Death benefit types. This person will receive all of your contributions and death benefits. If the person is your spouse, you do not need to specify the OAP election, since they will automatically be eligible depending on your amount of service. If the person is a child, you may choose to elect them for the OAP by checking that box on the form. Your child will have a choice of a lump-sum payment or an annuity upon your death.

**Family cases: multiple beneficiaries**

Now assume you have a wife and two children. You may want to specify that all of your benefits be paid to your wife upon your death, but you want to look out for the children in the event that you and your wife die simultaneously.

First, specify your wife as primary beneficiary, and select Refund and Death benefit types. If you die, your wife will receive all of your benefits. Next, list your two children as contingent beneficiaries. Choose whether you want your children to be able to split an annuity or split a lump-sum payment by selecting the OAP column. Next, mark both of your children as recipients of your Refund and Death benefit payments. This will split all of your benefits evenly between them.

<u>Mary</u>	<u>A</u>	<u>Wife</u>	
<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	
<u>123 Main Street</u>			
<i>Address</i>			
<u>Apt. 100</u>			
<i>Address</i>			
<u>Anywhere</u>	<u>RI</u>	<u>99999</u>	<u>555-555-1212</u>
<i>City</i>	<i>State</i>	<i>ZIP</i>	<i>Telephone Number</i>
<u>Spouse</u>	<u>123-45-6789</u>	<u>01/31/1950</u>	
<i>Relationship</i>	<i>SSN</i>	<i>Date of Birth (mm/dd/yyyy)</i>	

**Beneficiary type (check only one):**  Primary  Contingent **OAP election (if vested):**  OAP **Benefit type:**  Refund  Death Benefit

<u>Johnny</u>	<u>A</u>	<u>Child</u>	
<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	
<u>123 Main Street</u>			
<i>Address</i>			
<u>Apt. 100</u>			
<i>Address</i>			
<u>Anywhere</u>	<u>RI</u>	<u>99999</u>	<u>555-555-1212</u>
<i>City</i>	<i>State</i>	<i>ZIP</i>	<i>Telephone Number</i>
<u>Child</u>	<u>123-45-6789</u>	<u>12/31/1976</u>	
<i>Relationship</i>	<i>SSN</i>	<i>Date of Birth (mm/dd/yyyy)</i>	

**Beneficiary type (check only one):**  Primary  Contingent **OAP election (if vested):**  OAP **Benefit type:**  Refund  Death Benefit



Johnny A Child  
 First Name MI Last Name

123 Main Street  
 Address

Apt. 100  
 Address

Anywhere RI 99999 555-555-1212  
 City State ZIP Telephone Number

Child 123-45-6789 12/31/1976  
 Relationship SSN Date of Birth (mm/dd/yyyy)

**Beneficiary type (check only one):**  Primary  Contingent **OAP election (if vested):**  OAP **Benefit type:**  Refund  Death Benefit

Suzie B Child  
 First Name MI Last Name

123 Main Street  
 Address

Apt. 100  
 Address

Anywhere RI 99999 555-555-1212  
 City State ZIP Telephone Number

Child 123-45-6789 12/31/1976  
 Relationship SSN Date of Birth (mm/dd/yyyy)

**Beneficiary type (check only one):**  Primary  Contingent **OAP election (if vested):**  OAP **Benefit type:**  Refund  Death Benefit

**Organization as a beneficiary**

Shady Lane Funeral Chapel  
 Organization Name

123 Main Street  
 Address

STE. 100  
 Address

Anywhere RI 99999 555-555-1212  
 City State ZIP Telephone Number

**Benefit category (check only one):**  Primary  Contingent **Benefit type:**  Refund  Death Benefit \_\_\_\_\_  
 Organization Tax ID Number