

Beneficiary Designation Form 1B – Revised 07/01/2016

Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

	t Name:	MI:	Last Name:				_ Mem	ber	□R€	etire
Soc	sial Security No.:	Birth Date mm/	/dd/ccyy:				Gen	der:	□М	
Re	tirement Plan – Plans are govern	mental defined benefit plans qualit	ied under Section 401	(a) of the Internal Rev	enue Cod	e. Sele	ect applicab	le pla	an.	
	Public Employees' Retirement Syster	m of Mississippi (PERS)	Mississippi Highway S	Safety Patrol Retirem	ent Syste	m (MF	ISPRS)			
	Supplemental Legislative Retirement	Plan (SLRP)								
is n	neficiary Information – Use ac amed, the primary beneficiaries sha neficiaries shall share equally unless	Il share equally unless otherwise	indicated. Likewise, if	more than one seco	ndary ben	eficiary	/ is named,			
Ber	neficiary Name	Social Security No.	Birth Date mm/dd/ccyy	Relationship	P=Pri	imary,	ry Percentage Gender , S=Secondary numbers		er	
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