



Beneficiary Designation

Purpose of the Form

- Use this form to designate beneficiaries to receive your PERSI Base Plan and Choice 401(k) Plan death benefits.
- Note:** For purposes of your death benefits, the designation(s) in this form supersede all other arrangements, and will be honored regardless of those arrangements, including a last will and testament or trust document. However, death benefits are still subject to community property law.

Instructions

- Read **About Form RS115**, attached.

Member Social Security Number	Member PERSI ID Number*

* A PERSI ID is only required for members with multiple PERSI accounts.

Member Information			
Name – First, Middle, Last			
Mailing Address	Street or P.O. Box		
	City	State	Zip Code
Daytime Phone Number (include area code)		Email Address	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married

Primary Beneficiary or Beneficiaries					
Name	Social Security or Tax ID Number	Date of Birth	Relationship to You	Benefit %	Nominate a custodian under the Idaho UTMA
				.0%	<input type="checkbox"/> Check this box and go to page 2.
				.0%	<input type="checkbox"/> Check this box and go to page 2.
				.0%	<input type="checkbox"/> Check this box and go to page 2.
				.0%	<input type="checkbox"/> Check this box and go to page 2.

Secondary Beneficiary or Beneficiaries					
Name	Social Security or Tax ID Number	Date of Birth	Relationship to You	Benefit %	Nominate a custodian under the Idaho UTMA
				.0%	<input type="checkbox"/> Check this box and go to page 2.
				.0%	<input type="checkbox"/> Check this box and go to page 2.
				.0%	<input type="checkbox"/> Check this box and go to page 2.
				.0%	<input type="checkbox"/> Check this box and go to page 2.

Member Acknowledgment	
I understand the instructions and information under "About Form RS115." I revoke all previous PERSI beneficiary designations and request that any PERSI benefits payable after my death be made as indicated herein. I may change this designation by filing a new form. This designation applies to my PERSI Base and Choice 401(k) Plan accounts.	
Signature	Date – mm/dd/yyyy



Beneficiary Designation (continued)

Member Name – First, Middle, Last	Social Security Number
-----------------------------------	------------------------

Custodian Nominations for Minor Beneficiaries under the Idaho Uniform Transfers to Minors Act

- Use this section to nominate custodians and substitute custodians for minor beneficiaries under the Idaho Uniform Transfers to Minors Act. Attach a copy of this page if nominating custodians for more than 4 minor beneficiaries.

Instructions

- Write the minor beneficiary's name in the top box.
- Write the custodian's name, Social Security number, address, and telephone number in the appropriate boxes. You can nominate a substitute custodian to serve in the event the nominated custodian is unable. List each minor beneficiary separately, even if you are nominating the same custodian for all minor beneficiaries.

Minor Beneficiary Name:			
Custodian Information		Substitute Information	
Name:		Name:	
SSN:		SSN:	
Address:		Address:	
City, St, Zip:		City, St, Zip:	
Telephone:		Telephone:	

Minor Beneficiary Name:			
Custodian Information		Substitute Information	
Name:		Name:	
SSN:		SSN:	
Address:		Address:	
City, St, Zip:		City, St, Zip:	
Telephone:		Telephone:	

Minor Beneficiary Name:			
Custodian Information		Substitute Information	
Name:		Name:	
SSN:		SSN:	
Address:		Address:	
City, St, Zip:		City, St, Zip:	
Telephone:		Telephone:	

Minor Beneficiary Name:			
Custodian Information		Substitute Information	
Name:		Name:	
SSN:		SSN:	
Address:		Address:	
City, St, Zip:		City, St, Zip:	
Telephone:		Telephone:	