

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.

	First Name:	Mi:	Last Name:		e u	
	Social Security No.:	Birth Date mm	/dd/ccyy;		Li Memi	er Li Re
•	Retirement Plan - Plans are governmental defined benefit plans qualified under Section 401(a) of the Internal Revenue Code. Select applicable plan.					
	☐ Public Employees' Retirement System of Mississippi (PERS) ☐ Mississippi Highway Safety Patrol Retirement System (MHSPRS)					
	☐ Supplemental Legislative Retirement Plan	(SLRP)			,	
	Beneficiary Information – Use additional Form 1B, Beneficiary Designation, to designate additional beneficiaries. If more than one primary beneficiar is named, the primary beneficiaries shall share equally unless otherwise indicated. Likewise, if more than one secondary beneficiary is named, the secondary beneficiary shall share equally unless otherwise indicated. Total primary and secondary beneficiary percentages must equal 100 percent.					
£	Beneficiary Name	Social Security No.	Birth Date mm/dd/ccyy	Relationship	Beneficiary Percentage P=Primary, S=Secondary Use whole numbers	Gende
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