



Consolidated Public Retirement Board

4101 MacCorkle Avenue, SE
Charleston, WV 25304
304-558-3570 or 800-654-4406
www.wvretirement.com



**DSRS Pre-Retirement
Beneficiary
Designation (WV
CODE § 7-14D-20)**

This form is not valid unless it is completed correctly and received by the Consolidated Public Retirement Board (CPRB) prior to death. You must sign and date this form and a witness must also sign this form or it will not be accepted by CPRB. Note: Once accepted by CPRB, this form supersedes any and all prior Beneficiary Designations for you under DSRS. Please print legibly and use BLUE INK.

Section 1: Member Information

Member Name		SSN	CPRB ID	Date of Birth	
Telephone Number	Street Address	City		State	Zip Code

Section 2: Spousal Information: "Spouse" means the person to whom the member is legally married.

Spouse Name		SSN	Date of Birth		
Telephone Number	Street Address	City		State	Zip Code

Section 3: Dependent Child Information:

If you have no surviving spouse, any dependent child surviving you will be a primary beneficiary. "Dependent child" means either:

- (1) An unmarried person under age eighteen who is:
 - (A) A natural child of the member;
 - (B) A legally adopted child of the member;
 - (C) A child who at the time of the member's death was living with the member while the member was an adopting parent during any period of probation; or
 - (D) A stepchild of the member residing in the member's household at the time of the member's death; OR
- (2) Any unmarried child under age twenty-three:
 - (A) Who is enrolled as a full-time student in an accredited college or university;
 - (B) Who was claimed as a dependent by the member for federal income tax purposes at the time of the member's death; and
 - (C) Whose relationship with the member is described in subparagraph (A), (B) or (C), of paragraph (1) above.

Dependent Child		SSN	Date of Birth		
Telephone Number	Street Address	City		State	Zip Code
Dependent Child		SSN	Date of Birth		
Telephone Number	Street Address	City		State	Zip Code
Dependent Child		SSN	Date of Birth		
Telephone Number	Street Address	City		State	Zip Code

If additional space is necessary, please attach a sheet of paper with your name, SSN and dependent information as outlined above.

****PLEASE COMPLETE PAGE TWO OF THIS FORM****

DSRS -- PRE-RETIREMENT BENEFICIARY DESIGNATION - PAGE TWO

(Use BLUE INK ONLY)

DEPENDENT PARENT(S) INFORMATION:

If you have no surviving spouse or dependent children, any dependent parent surviving you will be a primary beneficiary.

"Dependent parent" means the father or mother of the member who was claimed as a dependent by the member for federal income tax purposes at the time of the member's death.

Dependent Parent		SSN	Date of Birth		
Telephone Number	Street Address	City		State	Zip Code
Dependent Parent		SSN	Date of Birth		
Telephone Number	Street Address	City		State	Zip Code

OTHER BENEFICIARY INFORMATION:

If you have no surviving spouse, dependent children, nor dependent parent(s) at the time of your death, your accumulated contributions shall be paid to a named beneficiary or beneficiaries. If you wish to name multiple primary or secondary beneficiaries under this section, attach to this form a sheet of paper with your name and Social Security Number, providing all beneficiary information required below, whether beneficiary is to be Primary or Secondary, plus the percent of the distribution each is to receive.

Primary Beneficiary		Relationship	SSN		
Date of Birth	Street Address	City		State	Zip Code

If Primary Beneficiary not living, then:

Secondary Beneficiary		Relationship	SSN		
Date of Birth	Street Address	City		State	Zip Code

If you have no surviving spouse, dependent child, dependent parent, or named beneficiary at the time of your death, your accumulated contributions will be paid to your estate. NOTE: If your family situation changes (death, divorce, etc.), you should re-evaluate your beneficiary designation, especially if a named beneficiary pre-deceases you. If you wish to change your beneficiary, you should complete a new beneficiary form and return it to the Consolidated Public Retirement Board. Please retain a copy of this document for your records.

COMPLETION OF THIS SECTION IS REQUIRED:

_____ <i>SIGNATURE OF MEMBER</i>			_____ <i>SIGNATURE OF WITNESS (CANNOT BE NAMED BENEFICIARY)</i>		
_____ <i>ADDRESS OF MEMBER</i>			_____ <i>ADDRESS OF WITNESS</i>		
<i>CITY</i>	<i>STATE</i>	<i>ZIP CODE</i>	<i>CITY</i>	<i>STATE</i>	<i>ZIP CODE</i>
_____ Print Member's Name			_____ Member's Social Security #		_____ Date