

**REMEMBER TO SIGN AND DATE THIS FORM**

Pre-Retirement Beneficiary Options for PERS -- Use BLUE INK ONLY and **mail the original form** to CPRB.

**SECTION I: LESS THAN 10 YEARS OF CREDITED SERVICE REGARDLESS OF YOUR ORIGINAL DATE OF HIRE**

[WV Code §5-10-27]

»If you have more than 10 years of service, go to page 3, page 5, page 6, or page 8.

I have less than 10 years of credited service and, in the event of my death, I direct CPRB to pay my accumulated contributions in a lump sum to my named beneficiary(ies) - i.e. family members, estate.

Note: You may elect to name multiple primary and/or secondary beneficiaries. If you wish to do so and need more space than is provided, attach to this form a sheet of paper with your name and social security number; include all beneficiary information required below, whether the beneficiary is to be Primary or Secondary, plus the percent of the distribution each is to receive.

Full Name of Beneficiary	SSN	Date of Birth	Relationship	Percentage
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>				%
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>				%
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>				%
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>				%

**THINGS TO REMEMBER:**

If your family situation changes (birth, 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 CPRB. Please keep a copy of this document for your records.

As you pass the 10 Years of Credited Service threshold, you need to re-evaluate your beneficiary designation. If you are married with more than 10 years of credited service, state law requires CPRB to pay your surviving spouse unless a spousal waiver has been completed. Your total Years of Credited Service appears on your annual PERS Statement.

**IMPORTANT:**

**This form is not valid for anyone who has commenced retirement in PERS, including retirees who have returned to work for a PERS participating employer.**

Member Printed Name		SSN	Date of Birth
Mailing Address			
City		State	Zip Code
Employer		Work Phone	Home Phone
Member Signature			Date
Witness Printed Name (Cannot be a named beneficiary)		Witness Signature	
			Date
Witness Mailing Address			Witness Telephone

*Once accepted by the CPRB, this form supersedes any and all prior Pre-Retirement Beneficiary Designations for you under PERS.*

<b>CPRB use only:</b>	
Verify correct section completed based on PERS credited service and original hire date.	_____
Verify member is not a PERS retiree.	Initial      Date