



46 State House Station
 Augusta, ME 04333-0046
 Telephone: (207) 512-3100
 Toll-free: 1-800-451-9800
 TTY: (207) 512-3102

PROSPECTIVE BENEFICIARY OF MEMBER CHANGING TO SERVICE RETIREMENT

MEMBER INFORMATION	
Name (Please Print) Last, First, Middle Initial	Social Security Number <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
Mailing Address (Street, Route, PO Box, etc)	Birth Date (Mo, Day, Yr) <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
City, State, Zip	Phone

In order to provide you with an estimate of all the service retirement options available to you, we must be provided with the name and birth date of your prospective beneficiary:

Name of Your Prospective Beneficiary (if any): _____
 (Please Print)

Relationship: _____

Date of Birth of Your Prospective Beneficiary:
 Month Day Year

Social Security Number of Your Prospective Beneficiary:

Your Prospective Beneficiary is: Male Female

Please return this form in the envelope provided to:

ANCILLARY SERVICES
 MAINE PUBLIC EMPLOYEES RETIREMENT SYSTEM
 46 STATE HOUSE STATION
 AUGUSTA, ME 04333-0046

Please note: Information provided on this form is used for service retirement purposes only and does not constitute a change in your designated beneficiary. Should you wish to change your designated beneficiary, please contact the MainePERS Survivor Services Unit and request that the appropriate form be sent to you.