



## PSRS MEMBER RECORD

Welcome to the Public School Retirement System of Missouri (PSRS). PSRS is a defined benefit plan established by state statute for certificated employees of Missouri's public schools and junior colleges who meet eligibility requirements. Defined benefit plans provide lifetime retirement benefits for individuals based on their age, salary and years of credit for covered employment. In addition, PSRS provides disability retirement as well as financial security for your family in the event of your death. For more information about your rights and benefits as a member of PSRS, please refer to our website [www.psrs-peers.org](http://www.psrs-peers.org) or call our office at (800) 392-6848.

PSRS membership is required for certificated employees employed by PSRS-covered employers to work in a position that normally requires the employee to work:

- The full school day, or at least the same number of hours per week as required for such a position
- At least 600 hours during the school term

Certificated employees employed less than full-time for at least 17 hours per week on a regular basis in a position that normally requires at least 600 hours during the school term, can elect membership in the Public Education Employee Retirement System of Missouri (PEERS) within the first 90 days of their initial part-time employment.

### REVISED STATUTES - SECTION 169.080 - CORRECTION OF ERRORS

Should any change or error in records result in any member or beneficiary receiving from the retirement system more or less than he would have been entitled to receive had the records been correct, the Board of Trustees shall have the power to correct such error and, as far as practicable, may adjust the payments in such manner that the actuarial equivalent of the benefit to which such member or beneficiary was correctly entitled shall be paid.

### DESIGNATING BENEFICIARIES

Complete the **Designation of Beneficiaries** section of this form to help ensure benefits payable by reason of your death are distributed in accordance with your wishes. If the space provided on this form is not sufficient, include a dated attachment which includes your original signature. Provide complete information for each beneficiary. Naming an individual with an insurable interest in your life (spouse, child, parent, etc.) as sole beneficiary guarantees the maximum financial protection to that individual. If you later desire to change this designation, request a **Beneficiary Designation** form from your employer, the retirement office, or print one from our website.

Please read the following carefully before completing your designation on page 1. The suggestions below are general in nature and may not fit all family situations. If you are in doubt as to the most appropriate designation, contact PSRS for assistance.

#### If you die before retirement, the law provides three types of benefits:

1. A lump-sum refund of your account balance (your total contributions and accrued interest)
2. A monthly retirement-based benefit
3. A monthly dependent-based benefit

The choices available to your beneficiary depend on your beneficiary designation, and your age and years of credit with PSRS at your death. For a full description of survivor benefits provided by PSRS, refer to the **Member Handbook**, request a brochure, or visit [www.psrs-peers.org](http://www.psrs-peers.org).

#### You may name as beneficiary:

- An individual
- Multiple individuals
- A legal entity (church, school, organization)
- Your estate
- A trust, if one has been legally established

**Statutory Succession of Beneficiaries:** If you do not have a valid beneficiary designation on file at the time of your death, a statutory succession of beneficiaries applies. Any benefits due are paid in this order of precedence:

1. Surviving spouse
2. Surviving children eligible to receive dependent-based benefits, share and share alike
3. Surviving children not eligible to receive dependent-based benefits, share and share alike
4. Surviving parents eligible to receive dependent-based benefits, share and share alike
5. Surviving parents not eligible to receive dependent-based benefits, share and share alike
6. Estate

**Married Members:** To ensure that your designated beneficiaries have the option to elect monthly survivor benefits, you should, in most cases, name your spouse as primary beneficiary, your youngest dependent child as first contingent, and your next youngest child as second contingent beneficiary.

**Single Parents:** In most cases, single parents should name the youngest dependent child as primary beneficiary, the next youngest dependent child as first contingent, etc. If your child is a minor and you want a specific individual to handle the survivor benefit on the child's behalf, write "(name of individual) as Custodian for (name of child) under the Missouri Transfers to Minors Law" as the beneficiary.

**Sole Beneficiary:** An individual with an insurable interest in your life (such as a spouse, child, or parent) named as sole beneficiary, guarantees maximum financial protection after your death.

**Joint Beneficiaries:** If you wish to provide monthly survivor benefits, you should not list joint beneficiaries. In most instances, a beneficiary must be the sole beneficiary in order to elect survivor benefits. Also, if multiple unmarried, dependent children are named jointly and one is ineligible for benefits, all are ineligible.

**Minors:** If any amount is payable to a minor, we must make the payment to a legally authorized representative of the beneficiary.

**Estate:** If you want all or part of your account paid to your estate, write "my estate" as your beneficiary.

**Trust:** If you want all or part of your account paid to a trust, write the name of the trust as beneficiary, indicate the date it was established, and provide a copy of the title page. For a testamentary trust, you may use the phrase, "trustee under my last will." At your death, your family will be asked to submit a full copy of the trust agreement.



**PUBLIC SCHOOL RETIREMENT  
SYSTEM OF MISSOURI**

PO Box 268  
Jefferson City, MO 65102-0268  
(573) 634-5290 or Toll Free: (800) 392-6848  
FAX: (573) 634-7934  
Email: psrspeers@psrspeers.org  
Website: www.psrs-peers.org

**For office use only**

<b>Member No.</b>	
District No.	
Date Received	

# MEMBER RECORD

Return completed form to your employer.

If you have an active membership but have changed employers, or need to change your personal information or beneficiary designation, do not complete a new record.

## SECTION A – PERSONAL INFORMATION

Social Security Number				Birth Date	Month	Day	Year	Gender (check one)		Marital Status (check one)	
					/		/	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Single	<input type="checkbox"/> Married
Name (Please print your full name. Do not use initials or nicknames.)								Maiden or previous married names			
Mailing Address											
City				State		ZIP Code		Telephone (     )			
Email Address											
Have you previously been a member of this retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No											
								If yes, list name(s) under your previous membership(s).			

## SECTION B – DESIGNATION OF BENEFICIARIES

**IMPORTANT NOTE:** Refer to the attached information for detailed recommendations on designating beneficiaries.

**Primary Beneficiary** Name

Mailing Address				City		State		ZIP Code			
Birth Date	Month	Day	Year	Relationship to You				Social Security Number			
	/		/								

**First Contingent Beneficiary** Name

Mailing Address				City		State		ZIP Code			
Birth Date	Month	Day	Year	Relationship to You				Social Security Number			
	/		/								

**Second Contingent Beneficiary** Name

Mailing Address				City		State		ZIP Code			
Birth Date	Month	Day	Year	Relationship to You				Social Security Number			
	/		/								

## SECTION C – YOUR AUTHORIZATION AND SIGNATURE

**AUTHORIZATION OF MEMBER TO PAY BENEFICIARIES:** I hereby authorize the Board of Trustees to pay any benefits due at my death to the primary beneficiary named above. Payments to the first or second contingent beneficiary are only made if the preceding beneficiary is deceased. I understand if I do not designate a beneficiary, or if 1.) I have a change in life status (marriage, divorce, birth or adoption of a child), any beneficiary designation on file with the retirement office is automatically revoked in its entirety, **and** 2.) I do not complete a new designation, any benefit due at my death is paid in accordance with the statutory order of succession established in 169.676 RSMo (see page 2). I reserve the right to change my beneficiary by filing such change on the *Beneficiary Designation* form.

**SIGNATURE:** Do not print, use initials or nicknames. Your signature is required for your beneficiary designation to be valid.

X	Date
---	------

## SECTION D – EMPLOYER CERTIFICATION OF EMPLOYMENT

Date PSRS-Covered Employment Began	Employer
------------------------------------	----------