

**BENEFICIARY INFORMATION**

A beneficiary is the person, estate, organization, or trust you choose to receive available funds upon your death.

State law requires a member to notify their current spouse before naming a beneficiary other than their spouse, or before the member changes their beneficiary from their current spouse to another beneficiary.

**Select Type of Beneficiary** – There are two types of beneficiaries:

- **Primary Beneficiary(ies)** will be the first to receive any available funds upon your death.
- **Secondary Beneficiary(ies)** will receive any available funds only if no primary beneficiary(ies) are living at the time of your death.

**Percentage of Benefit** – Enter the percentage of eligible funds you would like to assign to each beneficiary.

- The total percent of benefit for Primary beneficiary(ies) listed must equal 100%.
- The total percent of benefit for Secondary beneficiary(ies) listed must equal 100%.

The share designated for any beneficiary who predeceases you will be divided proportionately among the surviving beneficiaries of that type (primary/secondary).

**Enter the following required information for each beneficiary:**

Social Security Number (SSN) or Tax ID Number (TIN), gender, full legal name, date of birth, legal relationship, current mailing address, daytime telephone number. (Exception is made for Foreign Residents who do not have a United States Social Security number.)

If the beneficiary is an estate, organization or trust, check the appropriate box and enter the name. If a trust is named, a copy of the trust is required.

**Please note the following important information:**

- Married members are required to designate their current spouse as primary beneficiary to receive at least a 50% benefit (*A.R.S. §38-755. Member's account information; beneficiary designation; spousal consent; confidentiality*). If a spouse is not designated to receive at least a 50% benefit, then a notarized Spousal Consent form must be submitted by the spouse waiving their right to the benefit (*A.R.S. §38-776. Spousal waiver and consent*). If the Spousal Consent form is not received, a benefit payment of 50% will be disbursed to the spouse as if they had been designated.
  - a. Note: A spouse may revoke their consent if done so in writing and received by the ASRS one day prior to (1) the member's date of death, or (2) any ASRS benefits disbursement, whichever occurs first.
  - b. A.R.S. §38-755 requires that a member notify their current spouse of the beneficiary selected if the beneficiary is someone other than the current spouse. Notification may not relinquish a spouse's community property rights; consult an attorney.
- In order to process this form, all beneficiary fields must be completed.
- It is necessary to provide a Social Security number for your beneficiaries. The form cannot be processed without it. (Exception is made for foreign residents who do not have a United States Social Security number.)
- To keep your beneficiary information current, when life-changing events occur we recommend you review your beneficiary information and make any necessary changes.
- Divorce automatically terminates the ex-spouse as a beneficiary. To rename an ex-spouse as a beneficiary, you must submit a new Beneficiary form after the date of the divorce.
- The ASRS acknowledges the most current Beneficiary form. Please list ALL of your beneficiary(ies) even if you have previously submitted them.
- The Beneficiary form must be signed, dated, notarized and received by the ASRS before the date of death as evidenced by an ASRS date stamp on the document itself.
- It is your responsibility to ensure both the ASRS and your employer (if applicable) have current beneficiary information. Arizona law shall determine the distribution of any available funds upon your death if you do not provide the ASRS with current beneficiary information.
- If you are retired and selected a Joint and Survivor annuity, changing your primary beneficiary will result in a pension recalculation.
- If you are retired and selected a Joint & Survivor or a Period Certain annuity retirement option, a contingent annuitant is the eligible dependent for health insurance purposes.
  - a. If you are a member who retired on or after January 1, 2004, and you have elected to participate in the Optional Premium Benefit Program, please mark the **Yes** box in Section 2. Otherwise, check the **Not Applicable** box.
  - b. If you checked yes for contingent annuitant, you must list your contingent annuitant in the first designated Primary Beneficiary block. For more information regarding this program, please contact the ASRS.

This application is available online. Please visit our public website at AzASRS.gov, log in to your secure myASRS account to complete the online application.

# BENEFICIARY FORM

Phoenix: (602) 240-2000  
 Toll-free: (800) 621-3778  
 Online: AzASRS.gov  
 Mailing Address: PO Box 33910 Phoenix, AZ  
 85067-3910

**SECTION 1 – Member Information**

Last 4 of SSN		Name (Last)		(First)	(Middle Initial)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address					Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
City		State	ZIP		Date of Birth (MM/DD/YYYY)	
Personal Email Address		Primary Phone ( )		Mobile Phone ( )		Last ASRS Employer

**SECTION 2 – Beneficiary Information**

- At least one **PRIMARY** beneficiary is required (copy this page if you wish to list more beneficiaries).
- Total percent for **PRIMARY** beneficiaries must equal 100%; total percent for **SECONDARY** beneficiaries must equal 100%.
- Disclosure of the Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account and inform the Internal Revenue Service of distributions and withholdings concerning the individual's account.

<input checked="" type="checkbox"/> <b>Primary</b>	Beneficiary: <input type="checkbox"/> Person (Last, First, Middle) <input type="checkbox"/> Estate <input type="checkbox"/> Organization <input type="checkbox"/> Trust	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		Percent of Benefit: _____%	
<input type="checkbox"/> SSN or <input type="checkbox"/> TIN		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Legal Relationship (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other		Birth Date (MM/DD/YYYY)
Mailing Address		City		State	ZIP
Email Address				Telephone Number ( )	

 Contingent Annuitant for Optional Premium Benefit Program?  Yes  Not Applicable

<input type="checkbox"/> <b>Primary</b> <input type="checkbox"/> <b>Secondary</b>	Beneficiary: <input type="checkbox"/> Person (Last, First, Middle) <input type="checkbox"/> Estate <input type="checkbox"/> Organization <input type="checkbox"/> Trust	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		Percent of Benefit: _____%	
<input type="checkbox"/> SSN or <input type="checkbox"/> TIN		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Legal Relationship (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other		Birth Date (MM/DD/YYYY)
Mailing Address		City		State	ZIP
Email Address				Telephone Number ( )	

<input type="checkbox"/> <b>Primary</b> <input type="checkbox"/> <b>Secondary</b>	Beneficiary: <input type="checkbox"/> Person (Last, First, Middle) <input type="checkbox"/> Estate <input type="checkbox"/> Organization <input type="checkbox"/> Trust	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		Percent of Benefit: _____%	
<input type="checkbox"/> SSN or <input type="checkbox"/> TIN		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Legal Relationship (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other		Birth Date (MM/DD/YYYY)
Mailing Address		City		State	ZIP
Email Address				Telephone Number ( )	



