



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — BENEFICIARY SERVICES

P.O. Box 295, Trenton, NJ 08625-0295

DESIGNATION OF BENEFICIARY — ALTERNATE BENEFIT PROGRAM (ABP) / DEFINED CONTRIBUTION RETIREMENT PROGRAM (DCRP)

ABOUT THE DESIGNATION OF BENEFICIARY FORM

This form will replace all prior designations of beneficiary(ies). For more information about your retirement contributions contact your investment carrier.

The *Designation of Beneficiary* form allows a member of a New Jersey Alternate Benefit Program (ABP) or Defined Contribution Retirement Program (DCRP) to nominate a beneficiary, or beneficiaries, for benefits payable upon the death of that member. This form applies to the group life insurance for active and retired members of the ABP or DCRP.

GROUP LIFE INSURANCE

This designation is for any group life insurance benefit payable at the time of your death. Group life insurance does not apply to retirees with less than 10 years of service credit, or members who enrolled at age 60 or older and failed to prove insurability.

PRIMARY AND CONTINGENT BENEFICIARIES

Please be sure to designate both primary and contingent beneficiaries. In the event of your death, the primary beneficiary(ies) will receive any death benefits that are payable. The contingent beneficiary(ies) will receive death benefits only if all primary beneficiaries have predeceased you.

Unless otherwise stated, all beneficiaries will share and share alike. If no primary or contingent beneficiaries survive you, all death benefits will be paid to your estate.

You may nominate any of the following as your primary or contingent beneficiary:

- A person or persons;
- An institution, charity, or corporation; or
- Your estate. Upon your death a court ordered surrogate certificate will be required.

If you choose a distribution of benefits other than the standard share and share alike, or if you are naming a minor, using a trust agreement, acting as a power of attorney for the member, or nominating a civil union partner or domestic partner, please refer to the *Beneficiary Designation* Fact Sheet before completing this form. You may obtain this fact sheet by visiting our website at: www.nj.gov/treasury/pensions

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ALTERNATE BENEFIT PROGRAM (ABP) /
DEFINED CONTRIBUTION RETIREMENT PROGRAM (DCRP)**

**Original form must be submitted in blue ink. All requested information must be provided.
Please read and follow the instructions before completing this form.**

Contribution Program (Check one) ABP DCRP **Employment Status** (Check one) Active Retired

Print Name _____

Mailing Address _____ Phone Number _____

Birth Date ____/____/____ Social Security Number _____

Employer Name _____

ACTIVE AND RETIRED GROUP LIFE INSURANCE

Primary Beneficiary(ies) – Receives payment of any and all amounts due upon death.

| | Beneficiary Name | Relationship | Birth Date | Social Security Number |
|----|-------------------------|---------------------|-------------------|-------------------------------|
| 1. | _____ | _____ | ____/____/____ | _____ |
| | Address _____ | | | |
| | <i>Street</i> | <i>City</i> | <i>State</i> | <i>Zip</i> |
| 2. | _____ | _____ | ____/____/____ | _____ |
| | Address _____ | | | |
| | <i>Street</i> | <i>City</i> | <i>State</i> | <i>Zip</i> |
| 3. | _____ | _____ | ____/____/____ | _____ |
| | Address _____ | | | |
| | <i>Street</i> | <i>City</i> | <i>State</i> | <i>Zip</i> |

Contingent Insurance Beneficiary(ies) — Receives payment due if primary beneficiary(ies) are deceased.

| | Beneficiary Name | Relationship | Birth Date | Social Security Number |
|----|-------------------------|---------------------|-------------------|-------------------------------|
| 1. | _____ | _____ | ____/____/____ | _____ |
| | Address _____ | | | |
| | <i>Street</i> | <i>City</i> | <i>State</i> | <i>Zip</i> |
| 2. | _____ | _____ | ____/____/____ | _____ |
| | Address _____ | | | |
| | <i>Street</i> | <i>City</i> | <i>State</i> | <i>Zip</i> |
| 3. | _____ | _____ | ____/____/____ | _____ |
| | Address _____ | | | |
| | <i>Street</i> | <i>City</i> | <i>State</i> | <i>Zip</i> |

_____/____/____
Member Signature *Date*

INSTRUCTIONS FOR COMPLETING THE DESIGNATION OF BENEFICIARY FORM

Contribution Program — Indicate your participation in ABP or DCRP

Employment Status — Check the box to indicate if you are an active employee or retired member.

Member Information — Print your full name, date of birth, and full Social Security number.

Employer Name — Print the name of your active or retired employer location.

Nominate Your Group Life Insurance Beneficiary — Print the name of your primary beneficiary(ies) and contingent beneficiary(ies). Complete the requested information (relationship, birth date, social security number, and address) for each beneficiary. If all of the information is not provided, the form will not be accepted. If this section is left completely blank, this benefit will automatically default to your estate.

Note: Beneficiaries who do not have a Social Security Number will be contacted by the NJDPB instructing them to complete and return a Federal *Form W-8BEN*. Upon receipt of the completed form, any death benefit will be payable to your beneficiary minus 30 percent federal income tax. No payment will be issued until a properly completed Form *W-8BEN* is received.

All members must complete the following – Make sure to sign, date, and provide your address and daytime telephone number on the form. On any additional sheets used to specify beneficiary information, please be sure to include your signature and date on the sheet, and print your name, address, daytime telephone number, and your full Social Security number.

Submit completed form to:
New Jersey Division of Pensions & Benefits
ABP/DCRP
P.O. Box 295
Trenton, NJ 08625-0295

If you have any questions on how to complete your *Designation of Beneficiary* form, send an email to pensions.nj@treas.nj.gov or visit www.nj.gov/treasury/pensions

DOS AND DON'TS OF BENEFICIARY DESIGNATION

Do complete and submit this original form using only blue ink. Completing this form in pencil or any ink color other than blue makes the form unacceptable. Copies of the *Designation of Beneficiary* form are not accepted.

Do use proper names. Nicknames are not acceptable. When naming a married female as beneficiary, be certain the proper name is given, e.g., Mary J. Jones, not Mrs. John R. Jones.

Do use specific names. The phrase “my children” or “my grandchildren” will not be accepted. You must list each child using his or her specific name.

Do make a copy of your completed *Designation of Beneficiary* form for your records before submitting the original and periodically review it to make sure all beneficiary information is correct. It is especially important to update this information after a life event such as a birth, marriage, divorce, or death.

Don't use a *Designation of Beneficiary* form to update a beneficiary's address. A signed letter notifying us of your beneficiary's address change will suffice. Your letter will be added to your file so your beneficiary information remains current.

Don't use white out or cross out names to make changes in designation. This makes the form unacceptable and a new form will be mailed to you.

Don't name the same person or persons in both the primary and contingent beneficiary sections. This makes the form unacceptable and a new form will be mailed to you.

Before submitting the *Designation of Beneficiary* form, be sure to complete all the items indicated above. Failure to complete this form totally and accurately may jeopardize the payment of your benefits. For any designation not naming a specific person or a share and share alike distribution, please refer to the *Beneficiary Designation* Fact Sheet.