



### MEMBER'S NOMINATION OF BENEFICIARY(IES) FOR DEATH BENEFITS

This form is to be used to nominate the person or persons to receive any death benefit payable by the General Assembly Retirement System. A member desiring to change beneficiaries at a later date must complete a new Nomination of Beneficiary form. The form on file with GARS that has the most recent date, located above the member's signature, will take precedence.

**INSTRUCTIONS:** Complete this form using ink or typewriter. You may nominate one person, as many as you wish, or your estate. Benefits will be paid on a survivor basis in the numerical order you indicate. Two or more persons with the same order number will receive equal shares. When this beneficiary nomination is accepted by the General Assembly Retirement System, an acknowledgment will be mailed to the current address on file with GARS.

**NOTE!** Persons nominated as beneficiaries without order numbers will be considered after persons nominated with order numbers. Two or more persons nominated without order numbers will receive equal shares.

**EXAMPLE**

Order Number	Name	Address	Relationship
1	John A. Doe	123 West Main, Chicago, IL 60601	Father
2	Jane B. Doe	123 West Main, Chicago, IL 60601	Mother
3	David C. Doe	123 West Main, Chicago, IL 60601	Brother
3	Nancy D. Doe	44 South 2nd, Springfield, IL 62708	Sister
3	Mary E. Doe	123 West Main, Chicago, IL 60601	Sister
4	Frank F. Smith	9876 E. 99th St., Peoria, IL 61605	None

*In the event the member dies, any excess contributions will be paid as follows:*

- All the money will be paid to John Doe.
- If John Doe is not living when the member dies, all the money will be paid to Jane Doe.
- If John and Jane Doe are not living when the member dies, the money will be divided equally among David, Nancy and Mary Doe. (If only two of these three persons are living when the member dies, each will receive one half of the money. If only one of these three persons is living when the member dies, he/she will receive all of the money.)
- If John, Jane, David, Nancy and Mary Doe are not living when the member dies, all the money will be paid to Frank Smith.
- If none of the nominated beneficiaries are living when the member dies, all of the money will be paid to the member's estate.

### NOMINATED BENEFICIARIES

Order Number	Name	Address	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*This form must be witnessed by two people who are not named as beneficiaries.*

**Member's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Member's Social Security Number: \_\_\_\_\_ Witness: \_\_\_\_\_

Member's Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Witness: \_\_\_\_\_

\_\_\_\_\_ Address: \_\_\_\_\_