

Carefully read the following information on beneficiary designation before completing Sections B and C.

## Considerations When Naming Beneficiaries

1. Contact URS for the correct form to change beneficiaries on 401(k), 457 plans, traditional and Roth IRAs.
2. List ALL beneficiaries. Beneficiary payments are paid from the most recent beneficiary designation on file with URS.
3. Types of beneficiaries:
  - A. **Primary** - Person to receive the death benefits upon your death.
  - B. **Contingent** - Person to receive the death benefits upon your death if the primary beneficiary is deceased.
4. If you name multiple primary beneficiaries the proceeds will be split equally, unless otherwise instructed on the form.
5. If your primary beneficiary(ies) dies before you, and you have not named a contingent beneficiary, the proceeds will be subject to Title 75, Chapter 2 of the Utah Uniform Probate Code.
6. If you name a trust as beneficiary in Section B, be sure to list the name and date of the trust, the name and address of the trustee(s), and whether it is a revocable or an irrevocable trust (or becomes irrevocable, by its terms, upon the death of the member).
7. If you name minor children as beneficiaries, we will require legal guardianship papers for each of them if, at the time of your death, they are unmarried children under age 18 or dependent unmarried mentally or physically disabled children.
8. You may make changes to your personal information and defined benefit (pension) beneficiary designations at any time by submitting a Nonretired Member Change Form (MECF-1) to URS.
9. If you are completing this form as a power-of-attorney agent or guardian for a member, please attach a copy of your power-of-attorney or guardianship papers for our review.

## Special Conditions For Defined Benefit (Pension) Plan

**THIS BENEFICIARY CHANGE APPLIES ONLY TO THE DEFINED BENEFIT (PENSION) PLAN ADMINISTERED BY UTAH RETIREMENT SYSTEMS.** If your employer provides additional term life insurance, you will need to file a beneficiary change with the carrier (e.g., PEHP, Educators Mutual or other carriers).

**Public Safety, Judges', and Firefighters' Retirement Systems:** There may be restrictions on who may be designated as a beneficiary. If you meet eligibility requirements, a monthly allowance will be paid to your spouse upon your death.





Utah Retirement Systems  
 PO Box 1590  
 Salt Lake City, Utah 84110-1590  
 (801) 366-7318  
 (800) 753-7318  
 FAX (801) 366-7759  
 TTY (800) 877-8339 or 711

**NONRETIRED MEMBER  
 CHANGE FORM  
 (Name, Address, Marital Status,  
 Defined Benefit  
 [Pension] Beneficiaries)**

- INSTRUCTIONS:**
1. Please type or print clearly in black ink.
  2. Contact URS for the correct form to change beneficiaries on URS Savings Plans.
  3. For member name, address, or marital status changes complete Section A, sign, and date Section C.
  4. For beneficiary changes read the reverse side of this form first, complete Section B, sign and date Section C.

**MEMBER INFORMATION - REQUIRED TO COMPLETE THIS FORM**

Member Name (First, Middle, Last)	Daytime Phone ( )	Birth Date	Social Security Number
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**SECTION A - MEMBER CHANGES ONLY**

Member Name From: \_\_\_\_\_ To: \_\_\_\_\_

Mailing Address From: (old) \_\_\_\_\_  
 To: (new) \_\_\_\_\_

Marital Status  Married - List spouse's name and birth date \_\_\_\_\_  
 Single  Divorced

**SECTION B - DESIGNATION OF INDIVIDUALS AS BENEFICIARIES** - To name additional primary or contingent beneficiaries, attach a new page to this document include your name and Social Security number or account number, signature, and date.

**I understand that this change will revoke all previous designations and will affect the way my benefits will be paid upon my death.**

Designation	Full Given Name of Beneficiary	Relationship	Birth Date	Mailing Address
<input type="checkbox"/> Primary				Street
<input type="checkbox"/> Contingent				City State Zip
<input type="checkbox"/> Primary				Street
<input type="checkbox"/> Contingent				City State Zip
<input type="checkbox"/> Primary				Street
<input type="checkbox"/> Contingent				City State Zip
<input type="checkbox"/> Primary				Street
<input type="checkbox"/> Contingent				City State Zip
<input type="checkbox"/> Primary				Street
<input type="checkbox"/> Contingent				City State Zip

**If a trust is designated as beneficiary (above), complete this section.**

Name of Trust: \_\_\_\_\_

Date Trust Established : \_\_\_\_\_

Name of Trustee(s) \_\_\_\_\_

Trustee Address \_\_\_\_\_

Revocable Trust  
 Irrevocable Trust (or becomes irrevocable, by its terms, upon the death of the member)

**SECTION C - SIGNATURE REQUIRED TO PROCESS THIS FORM**

Member Signature	Date
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