



St. Paul Teachers' Retirement Fund Association

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DESIGNATION OF BENEFICIARY

Section A – General Information

I understand that a **beneficiary** is a person that may be entitled to a benefit under my retirement plan, in the event that there is no eligible survivor benefit payable at the time of my death. A spouse (as defined in the Plan documents) is granted survivor status and generally need not be named as a beneficiary. A beneficiary must be an individual, and may not be a trust, organization, or any entity that is not an individual.

Minn. Stat. §524.2-804 sets forth a legal presumption that any Beneficiary Designation of a former spouse is automatically revoked by any subsequent marriage dissolution. To designate a former spouse as a beneficiary, a new form would need to be filed after the dissolution.

By my witnessed signature below on this form **I designate as beneficiary(ies) the individual(s) listed in Section D**, to whom should be disbursed any beneficiary amount payable upon my death under the statutes and Association Bylaws then in effect. Any previous Designation of Beneficiary is hereby revoked in its entirety. I reserve the right to revoke this Designation by submitting a new form, or another sufficient legal instrument. Any change of beneficiary(ies) or percentage allocations (if specified) must be provided on a form prescribed by the Executive Director of the Association, properly executed, and postmarked or received during regular business hours at the Association office, prior to my death.

Section B – Signatures

For this form to be valid, this section must be properly completed.

| | | |
|--------|-------------------------|--------------------------|
| MEMBER | Signature: _____ | Date: _____ |
| | Print Name: _____ | Social Security #: _____ |
| | Address: _____ | |
| | City, State, Zip: _____ | |
| | Personal Email: _____ | |

| | | |
|---------|---|-------------|
| WITNESS | NOTE: <i>A witness must be someone <u>other than</u> a beneficiary.</i> | |
| | Signature: _____ | Date: _____ |
| | Printed Name: _____ | |

Section C – Spouse Information

| | |
|-------------|-------------------|
| Name: _____ | Birth Date: _____ |
|-------------|-------------------|

Section D – Beneficiary Information

For any minor child listed below, I may choose to list a parent or guardian as Custodian under Minnesota Statutes, Chapter 527, the “Minnesota Uniform Transfers to Minors Act.” The Custodian can be changed on a properly executed and delivered Designation of Beneficiary form or other sufficient legal instrument provided under that Act.

If more than one beneficiary is named, any payment will be apportioned in equal shares, unless otherwise specified. If any designated beneficiary predeceases me, that beneficiary’s share will be divided proportionately among any remaining designated beneficiaries that survive me, based on their shares before that division. If no designated beneficiary survives me, any payment will be made to my estate. If a designated beneficiary survives me and becomes eligible for payment at the time of my death, but should die before payment, then payment will be made to the estate of that beneficiary. A beneficiary may not designate a successor beneficiary.

Specify percentages only if payment is to be in unequal shares.

| | | | <u>% share</u> |
|-------------------|-------|---------------|----------------|
| Name: | _____ | Relationship: | _____ |
| Address: | _____ | Birth Date: | _____ |
| City, State, Zip: | _____ | Custodian: | _____ |
| Name: | _____ | Relationship: | _____ |
| Address: | _____ | Birth Date: | _____ |
| City, State, Zip: | _____ | Custodian: | _____ |
| Name: | _____ | Relationship: | _____ |
| Address: | _____ | Birth Date: | _____ |
| City, State, Zip: | _____ | Custodian: | _____ |
| Name: | _____ | Relationship: | _____ |
| Address: | _____ | Birth Date: | _____ |
| City, State, Zip: | _____ | Custodian: | _____ |
| Name: | _____ | Relationship: | _____ |
| Address: | _____ | Birth Date: | _____ |
| City, State, Zip: | _____ | Custodian: | _____ |
| Name: | _____ | Relationship: | _____ |
| Address: | _____ | Birth Date: | _____ |
| City, State, Zip: | _____ | Custodian: | _____ |

If additional space is needed, attach list, and initial each entry.