



Member Contributions Beneficiary Designation

124 W Capitol Ave Ste 400
Little Rock, AR 72201-3704
(501) 682-7800 • (800) 682-7377
www.apers.org

I. Member Information				
APERS ID or SSN	First Name	Middle Name	Last Name	
Address		City	St	Zip Code
Primary Telephone Number		Secondary Telephone Number		
II. Beneficiary Information				
1. First Name		Middle Name		Last Name
Date of Birth (mm/dd/yyyy)	Relationship	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married
2. First Name		Middle Name		Last Name
Date of Birth (mm/dd/yyyy)	Relationship	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married
3. First Name		Middle Name		Last Name
Date of Birth (mm/dd/yyyy)	Relationship	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married
III. Member Certification				
<p>I revoke all beneficiaries who I previously designated, and I request the APERS Board of Trustees (Board) to pay the total amount of the accumulated contributions standing to my credit in the system to the person(s) designated above if my death occurs and there is no monthly survivor benefit payable. I agree on behalf of myself, heirs, and assigns that payment so made be a complete discharge of the claims and constitute a release of the system from any further obligations on account of the benefit. I hereby direct that should I survive the beneficiary, the amount which otherwise would have been payable to the beneficiary be paid according to the provisions of the retirement act or to such other beneficiary as I hereafter nominate by written designation filed with the system in accordance with the rules prescribed by the Board.</p>				
Member Signature				Date
IV. Notary Public Acknowledgment				
<p>Before me, the undersigned notary, personally appeared the above-named person satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that he or she executed the same for the purposes therein contained.</p>				Affix seal or stamp here
State	County	Date Appeared		
Notary Public Signature		Date Commission Expires		