



Utah Retirement Systems
 PO Box 1590
 Salt Lake City, Utah 84110-1590
 (801) 366-7700
 (800) 365-8772
 FAX (801) 366-7759
 TTY (800) 877-8339 or 711
 www.urs.org

BENEFICIARY DESIGNATION FORM

- Instructions:**
1. Please print or type in black ink.
 2. Please review both sides of this form before completing.
 3. This form must be completed in its entirety and returned to URS for processing.

SECTION A - MEMBER INFORMATION (Must be completed in all cases.)				
SOCIAL SECURITY NUMBER OR URS-ASSIGNED ACCOUNT NUMBER			DATE OF BIRTH	
FIRST NAME	MI	LAST NAME		
<input type="checkbox"/> I am a retired member receiving a pension check/benefit. (check only if applicable)		<input type="checkbox"/> I am a retired member's spouse.		
MARITAL STATUS				
<input type="checkbox"/> MARRIED - List spouse's name and birth date _____				
PLAN MEMBERSHIP				
<input type="checkbox"/> All plans in which I participate		<input type="checkbox"/> Pension <input type="checkbox"/> Retirement (Option 2) <input type="checkbox"/> Retiree Life Insurance <input type="checkbox"/> Spouse Life Insurance	<input type="checkbox"/> 401(k) Plan <input type="checkbox"/> 457 Plan <input type="checkbox"/> Roth IRA <input type="checkbox"/> Traditional IRA	
If you wish to designate different beneficiaries for each plan, you must complete a separate form for each plan. If no box is checked, all options in the Defined Benefit (pension) Plan and URS Savings Plans in which you participate will be affected by the change. To name additional beneficiaries, attach another page to this sheet and include your name, Social Security number, date, and signature.				
SECTION B - BENEFICIARY INFORMATION				
I make the following beneficiary designations for my URS Plan(s) indicated above. I revoke all previous designations and designate the following to receive my plan(s) benefits payable upon my death. Note: You must list ALL beneficiaries you wish to designate. This update will replace any beneficiary designations previously on file.				
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
To designate a trust as beneficiary, complete this section.				
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent				
Name of Trust		Date		
Name of Trustee(s)				
Trustee(s) Address				
<input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Trust (or becomes irrevocable, by its terms, upon the death of the member)				
SECTION C - MEMBER AUTHORIZATION				
SIGNATURE OF MEMBER			DATE	