Utah Retirement Systems PO Box 1590 Salt Lake City, UT 84110-1590 801-366-7700 | 800-365-8772

www.urs.org Fax: 801-366-7759

Beneficiary Designation Form

INSTRUCTIONS: 1. Please type or print clearly using black ink and review both sides of this form before completing.

- 2. This form must be completed in its entirety, signed and returned to Utah Retirement Systems (URS) for processing.
- **3.** Please complete the *Change in Records* (MECF-1) form for marital status changes.

SECTION A » MEMBER INFO	RMATION					
Name (First, Middle, Last)			Social Security # or Account #			
SECTION B » PLAN SELECTION	ON					
Apply this beneficiary de	signation to:					
All plans listed in this se	ection in which I participate.					
OR						
Only plans selected (see reverse for additional information): Active Death or Contributory Balance				Retiree Option 2		
		☐ 401(k) Plan	☐ 457(b) Plan	☐ Roth IRA	☐ Trac	ditional IRA
If you wish to designate different to the second to t	erent beneficiaries for each plan, yo	ou must complete a sepa	rate form for each p	lan.		
• If no box is checked, all plans	s listed in this section in which you eficiaries for Retiree and Spouse Lit	participate will be affect	ed by the change.			
SECTION C » BENEFICIARY II	NFORMATION					
	nformation about your designated be gnates the following to receive benef					ous
 You must list ALL beneficiar 	ies you wish to designate. This will	replace any beneficiary	designations previo	usly on file fo	r the selected p	lan(s).
• When a percentage is not in	dicated, the beneficiaries' shares w ionately on the stated percentages	rill be divided equally. If y	•	•	•	
and submit your beneficiary	<u> </u>					
submit a new form to URS a	okes your designation of a former s fter the date of divorce.	pouse as a beneficiary. If	f you wish to redesig	gnate your foi	mer spouse as l	
Primary Beneficiary(ies) Full Name	٨	ddress		Birth Date	Relationship	(Optional) % of Benefit
Full Name	A	ulless		Diftii Date	Relationship	70 OI Bellellt
Contingent Beneficiary(ies)						(Optional)
Full Name	Ad	ddress		Birth Date	Relationship	% of Benefit
	e a trust as beneficiary, complete this					
Primary Contingent	% of Benefit (Optional)					
Name of Trust				Date of Trust		
Name of Trustee(s)	Trustee(s) Ac	ddress				
SECTION D » MEMBER AUTH						
beneficiary designations for the pla	e my beneficiary designations based an(s) selected in Section B of this form ty to a divorce proceeding and am no	n. I certify that the informa	tion I have provided o	on this form is	true, complete, a	and correct.
Signature			D	Date		

Page 1 of 2 MECF-18 | 1/3/2020