



**CHANGE OF BENEFICIARY**  
State Form 1856 (R7 / 7-10)

**PUBLIC EMPLOYEES' RETIREMENT FUND**  
P. O. Box 7121  
Indianapolis, IN 46207-7121  
Telephone: (888) 526-1687 (toll-free)  
Web site: [www.perf.in.gov](http://www.perf.in.gov)

**PRIVACY NOTICE**  
Your Social Security number is being requested by this agency pursuant to the requirements of IRS Code 3405. This disclosure is mandatory and this form cannot be processed without this information.

MEMBER INFORMATION		
Member's name	Social Security number	PID number
Address (number and street)		Telephone number with area code
City	State	ZIP Code

**GENERAL INFORMATION**

If you do not want a lump sum payment of your death benefit to be paid to your estate, you must designate your beneficiaries. Be sure to designate each beneficiary as primary or contingent. This list supersedes any list of beneficiaries currently on file with the Public Employees' Retirement Fund (PERF) for this member.

A Primary beneficiary will receive all benefits due upon the member's death. Multiple surviving Primary beneficiaries will receive shares of the benefits due upon the member's death based on the percentages indicated on this form. If no percentages have been supplied for the primary beneficiaries, the beneficiaries will receive equal shares of the benefits.

A Contingent beneficiary will receive all benefits upon the member's death only if all designated Primary beneficiaries predecease the member. Multiple Contingent beneficiaries will receive shares provided all designated Primary beneficiaries predecease the member based on the percentages indicated on this form. If no percentages have been supplied for the contingent beneficiaries and there are no surviving primary beneficiaries, the contingent beneficiaries will receive equal shares of the benefits.

The option to choose a beneficiary **must** be signed by a witness. The witness may be any person other than a beneficiary named on this form.

A beneficiary change on your PERF Annuity Savings Account (ASA) or an established PERF Rollover Savings Account (RSA) may be completed online using PERF Online available to members on the PERF Web site located at [www.perf.in.gov](http://www.perf.in.gov), or by contacting a Customer Service Representative, toll-free, at (888) 526-1687.

**ANNUITY SAVINGS ACCOUNT (ASA) BENEFICIARY CHANGE**

Complete this section if you are making beneficiary designations for your ASA account with PERF. This designation applies to your Annuity Savings Account (ASA) only. No changes to any other account will be made using this form.

**ASA PRIMARY BENEFICIARY DESIGNATION**

The Primary beneficiary designations listed in this section replace all ASA beneficiary information submitted previously. The percentage of benefit to be paid to each Primary beneficiary must be in increments of 1 percent or greater. The total of all Primary beneficiary percentages must equal 100 percent. If there are more than five ASA beneficiaries, please attach an additional page with the information.

	Primary beneficiary's name	Date of birth (mm/dd/yyyy)	Social Security number/Tax ID	Relationship to member	Percent of Benefit
1.					%
2.					%
3.					%
4.					%
5.					%

**ASA CONTINGENT BENEFICIARY DESIGNATION**

The Contingent beneficiary designations listed in this section replace all ASA beneficiary information submitted previously. The percentage of benefit to be paid to each Contingent beneficiary must be in increments of 1 percent or greater. The total of all Contingent beneficiary percentages must equal 100 percent. If there are more than five ASA beneficiaries, please attach an additional page with the information.

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**MEMBER INFORMATION**

Member's name	Social Security number	PID number
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**ASA CONTINGENT BENEFICIARY DESIGNATION (CONTINUED)**

	Contingent beneficiary's name	Date of birth (mm/dd/yyyy)	Social Security number/Tax ID	Relationship to member	Percent of Benefit
1.					%
2.					%
3.					%
4.					%
5.					%

**ROLLOVER SAVINGS ACCOUNT (RSA) BENEFICIARY CHANGE**

Complete this section if you are making beneficiary designations for your RSA account with PERF. This designation applies to your RSA only. No changes to any other account will be made using this form.

**RSA PRIMARY BENEFICIARY DESIGNATION**

The Primary beneficiary designations listed in this section replace all RSA beneficiary information submitted previously. The percentage of benefit to be paid to each Primary beneficiary must be in increments of 1 percent or greater. The total of all Primary beneficiary percentages must equal 100 percent. If there are more than five RSA beneficiaries, please attach an additional page with the information.

	Primary beneficiary's name	Date of birth (mm/dd/yyyy)	Social Security number/Tax ID	Relationship to member	Percent of Benefit
1.					%
2.					%
3.					%
4.					%
5.					%

**RSA CONTINGENT BENEFICIARY DESIGNATION**

The Contingent beneficiary designations listed in this section replace all RSA beneficiary information submitted previously. The percentage of benefit to be paid to each Contingent beneficiary must be in increments of 1 percent or greater. The total of all Contingent beneficiary percentages must equal 100 percent. If there are more than five RSA beneficiaries, please attach an additional page with the information.

	Contingent beneficiary's name	Date of birth (mm/dd/yyyy)	Social Security number/Tax ID	Relationship to member	Percent of Benefit
1.					%
2.					%
3.					%
4.					%
5.					%

**MEMBER AFFIDAVIT**

The member attests that all changes and information provided on this document are true to the best of his/her knowledge.

Member's signature	Date (mm/dd/yyyy)
Witness' signature	Date (mm/dd/yyyy)