

NEW JERSEY DIVISION OF PENSIONS AND BENEFITS  
PO BOX 295, TRENTON, NJ 08625-0295

## DESIGNATION OF BENEFICIARY

### Alternate Benefit Program Defined Contribution Retirement Program

#### ABOUT THE DESIGNATION OF BENEFICIARY FORM

THIS FORM WILL REPLACE ALL PRIOR DESIGNATIONS OF BENEFICIARY.

The *Designation of Beneficiary* form allows a member of a New Jersey Alternate Benefit Program (ABP) or Defined Contribution Retirement Program (DCRP) to nominate a beneficiary, or beneficiaries, for benefits payable upon the death of that member. This form applies to the group life insurance for **active** and **retired** members of the ABP or DCRP.

#### GROUP LIFE INSURANCE

This designation is for any group life insurance benefit payable at the time of your death. Group life insurance does not apply to retirees with less than 10 years of service credit, or members who enrolled at age 60 or older and failed to prove insurability.

**For more information about your retirement contributions contact your investment carrier.**

#### PRIMARY AND CONTINGENT BENEFICIARIES

Please be sure to designate both primary and contingent beneficiaries. In the event of your death, the primary beneficiary, or beneficiaries, will receive any death benefits that are payable. The contingent beneficiary, or beneficiaries, will receive death benefits **ONLY** if all primary beneficiaries have predeceased you.

Unless otherwise stated, all beneficiaries will share and share alike. If no primary or contingent beneficiaries survive you, all death benefits will be paid to your estate.

**You may nominate any of the following as your primary or contingent beneficiary:**

- A person or persons;
- An institution, charity, or corporation;
- Your estate (upon your death a court ordered surrogate certificate will be required).

If you choose a distribution of benefits other than the standard "share and share alike", or if you are naming a **minor**, using a **trust agreement**, acting as a **power of attorney** for the member, or nominating a **civil union partner** or **domestic partner**, please refer to Fact Sheet #68, *Designating a Beneficiary*, before completing this form. You may obtain this fact sheet by visiting our Web site at: [www.state.nj.us/treasury/pensions](http://www.state.nj.us/treasury/pensions) or by calling the Office of Client Services at (609) 292-7524.

## **FREQUENTLY ASKED QUESTIONS ABOUT THE *DESIGNATION OF BENEFICIARY* FORM**

- 1. Q. All of my beneficiaries' information will not fit on this application. What do I do?**

A. If additional space is required, an attachment sheet is acceptable, provided it is signed and dated by you. In addition to the beneficiary information, please be sure to include your name, address, daytime telephone number, and Social Security number.
- 2. Q. How many times can I change my beneficiary designation?**

A. You may change the beneficiary designation for the group life insurance as often as you wish and at any time. A new designation form should be submitted whenever there is a significant life event, such as a birth, marriage, divorce, or death.
- 3. Q. What if I leave a section blank?**

A. If no beneficiary designation is in effect at the time of your death, or the designation section is incomplete or blank, payment will be made to your estate. Prior to any benefits being paid to your estate, a surrogate's certificate must be submitted to the Division.
- 4. Q. I am not comfortable giving my beneficiary's Social Security number. Is it required?**

A. The Division of Pensions and Benefits cannot require that you provide your beneficiary's Social Security number; however, providing this number will ensure positive identification of your beneficiary and may ease the processing of your claim.
- 5. Q. Why do I have to provide my daytime telephone number?**

A. We may have questions regarding the information on your *Designation of Beneficiary* form. To expedite the designation process, contacting you by phone instead of written correspondence enables us to provide prompt and efficient service.
- 6. Q. I would like to nominate my civil union partner or domestic partner as my beneficiary. What are the requirements?**

A. Members can name any individual as a beneficiary for group life insurance regardless of the retirement system in which they are enrolled.
- 7. Q. I am in the process of getting divorced. How should I word my form?**

A. Since each divorce case (or dissolution of a civil union) is different and can be complex, please refer to Fact Sheet #42, *Divorce and Your Retirement Benefits*.
- 8. Q. Can my Power of Attorney complete my *Designation of Beneficiary* form, and can he or she name himself or herself as beneficiary?**

A. The administrative code set forth by the Division of Pensions and Benefits stipulates that in order for a Power of Attorney to change beneficiary information, his or her Power of Attorney documents must *specifically* state this right. Additionally, should you wish the Power of Attorney to be able to nominate himself or herself as beneficiary, the Power of Attorney document must also *specifically* state that right. Most standard Power of Attorney documents do not grant these rights. Before your Power of Attorney files a change of beneficiary on your behalf, please carefully review your Power of Attorney documents.
- 9. Q. Will I receive confirmation of my changes?**

A. Upon receipt of your *Designation of Beneficiary* form, a rider will be issued to you reflecting the changes you have made regarding your beneficiary information.

**STATE OF NEW JERSEY**  
**DIVISION OF PENSIONS AND BENEFITS - DESIGNATION OF BENEFICIARY**

*(Please read and follow the instructions on the back of this form)*

**1. Contribution Program:** (Check one)

Alternate Benefit Program

Defined Contribution Retirement Program

**2. Print Your Full Name:** \_\_\_\_\_

**3. Birthdate:** \_\_\_\_\_

**4. Social Security Number:** \_\_\_\_\_

**5. GROUP LIFE INSURANCE (Active and Retired)**

**Primary Beneficiary(ies)**

Beneficiary Name	Relationship	Birth Date	SS# (Optional)
1. _____	_____	_____	_____
Address _____			
2. _____	_____	_____	_____
Address _____			
3. _____	_____	_____	_____
Address _____			

**Contingent Beneficiary(ies) - If primary beneficiary is not living at my death; payment is to be made to:**

Beneficiary Name	Relationship	Birth Date	SS# (Optional)
1. _____	_____	_____	_____
Address _____			
2. _____	_____	_____	_____
Address _____			
3. _____	_____	_____	_____
Address _____			

**6. SIGNATURE OF MEMBER** \_\_\_\_\_

Date \_\_\_\_\_ Daytime Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_

Mailing Address \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING THE DESIGNATION OF BENEFICIARY FORM

### Dos and Don'ts of Beneficiary Designation

**Do use proper names.** Nicknames are not acceptable. When naming a married female as beneficiary, be certain the proper name is given, e.g. Mary J. Jones, not Mrs. John R. Jones.

**Do use specific names.** The phrase "my children" or "my grandchildren" will not be accepted. You must list each child using his or her specific name.

**Do make a copy of your completed *Designation of Beneficiary* form before submitting it to the Division** and periodically review it to make sure all beneficiary information is correct. It is especially important to update this information after a life event such as a birth, marriage, divorce, or death.

**Don't use a *Designation of Beneficiary* form to update a beneficiary's address.** A signed letter notifying us of your beneficiary's address change will suffice. Your letter will be added to our files so your beneficiary information remains current.

**Do complete this form with an ink pen.** Completing this form in pencil makes the form unacceptable.

**Don't use "white out" or cross out names** to make changes in designation. This makes the form unacceptable and a new form will be mailed to you.

**Don't name the same person or persons in both the "primary" and "contingent" beneficiary sections.** This makes the form unacceptable and a new form will be mailed to you.

Before submitting the *Designation of Beneficiary* form, be sure to complete the items indicated below. Failure to complete this form totally and accurately may jeopardize the payment of your benefits. For any designation not naming a specific person or a share and share alike distribution, please refer to Fact Sheet #68, *Designating a Beneficiary*.

**Item 1: Indicate Your Contribution Program** — Check the box of the contribution program of which you are an active or retired member (*check one box only*)

**ABP** - Alternate Benefit Program

**DCRP** - Defined Contribution Retirement Program

**Item 2 through 4: Member Information** — **PRINT** your full name, date of birth, Social Security number, and your pension membership or retirement number.

**Item 5: Nominate Your Group Life Insurance Beneficiary** — **PRINT** the name of your primary beneficiary(ies) and contingent beneficiary(ies). If this section is not completed, this benefit will automatically default to your estate.

**Item 6: All Members Must Complete the Following** — **Make sure to SIGN, DATE, and INDICATE YOUR ADDRESS and DAYTIME TELEPHONE NUMBER** on the form. On any additional sheets used to specify beneficiary information be sure to include your signature and date on the sheet, and print your name, address, daytime telephone number and Social Security number. Mail your completed form to:

**Alternate Benefit Program/DCRP  
Division of Pensions and Benefits  
PO Box 295  
Trenton, NJ 08625-0295**

**If you have any questions on how to complete your *Designation of Beneficiary* form:** Write to the Division of Pensions and Benefits, PO Box 295, Trenton NJ 08625-0295, send an e-mail to [pensions.nj@treas.state.nj.us](mailto:pensions.nj@treas.state.nj.us) or call the Division's Office of Client Services at (609) 292-7524.