



## PEERS MEMBER RECORD

Welcome to the Public Education Employee Retirement System of Missouri (PEERS). PEERS is a defined benefit plan established by state statute for non-certificated employees of Missouri’s public schools who meet eligibility requirements. Defined benefit plans provide lifetime retirement benefits for individuals based on their age, salary and years of credit for covered employment. For more information about your rights and benefits as a member of PEERS, please refer to our website [www.psrs-peers.org](http://www.psrs-peers.org) or call our office at (800) 392-6848.

PEERS membership is required for non-certificated employees employed by PEERS-covered employers to work at least 20-hours per week on a regular basis in a position that normally requires the employee to work at least 600 hours during the school term. If you are a certificated employee, it is possible that you should be a member of the Public School Retirement System of Missouri (PSRS). Speak with your employer to ensure your membership is properly established.

### REVISED STATUTES - SECTION 169.680 - CORRECTION OF ERRORS

Should any change or error in records result in any member or beneficiary receiving from the retirement system more or less than he would have been entitled to receive had the records been correct, the Board of Trustees shall have the power to correct such error and, as far as practicable, may adjust the payments in such manner that the actuarial equivalent of the benefit to which such member or beneficiary was correctly entitled shall be paid.

### DESIGNATING BENEFICIARIES

Complete the **Designation of Beneficiaries** section of this form to help ensure benefits payable by reason of your death are distributed in accordance with your wishes. If the space provided on this form is not sufficient, include a dated attachment which includes your original signature. Provide complete information for each beneficiary. Naming an individual with an insurable interest in your life (spouse, child, parent, etc.) as sole beneficiary guarantees the maximum financial protection to that individual. If you later desire to change this designation, request a **Beneficiary Designation** form from your employer, the retirement office, or print one from our website.

Please read the following carefully before completing your designation on page 1. The suggestions below are general in nature and may not fit all family situations. If you are in doubt as to the most appropriate designation, contact PEERS for assistance.

#### If you die before retirement, the law provides two types of benefits:

1. A lump-sum refund of your account balance (your total contributions and accrued interest)
2. A monthly retirement-based benefit

The choices available to your beneficiary depend on your beneficiary designation, and your age and years of credit with PEERS at your death. For a full description of survivor benefits provided by PEERS, refer to the **Member Handbook**, request a brochure, or visit [www.psrs-peers.org](http://www.psrs-peers.org).

#### You may name as beneficiary:

- An individual
- Multiple individuals
- A legal entity (church, school, organization)
- Your estate
- A trust, if one has been legally established

**Statutory Succession of Beneficiaries:** If you do not have a valid beneficiary designation on file at the time of your death, a statutory succession of beneficiaries applies. Any benefits due are paid in this order of precedence:

1. Surviving spouse
2. Surviving children, share and share alike
3. Surviving parents, share and share alike
4. Estate

**Sole Beneficiary:** An individual with an insurable interest in your life (such as a spouse, child, or parent) named as sole beneficiary, guarantees maximum financial protection after your death.

**Joint Beneficiaries:** If you wish to provide monthly survivor benefits, you should not list joint beneficiaries. A beneficiary must be the sole beneficiary in order to elect survivor benefits.

**Minors:** If any amount is payable to a minor, we must make the payment to a legally authorized representative of the beneficiary. If you want a specific individual to be able to handle the survivor benefit on the child’s behalf, write “(name of individual) as Custodian for (name of child) under the Missouri Transfers to Minors Law” as the beneficiary.

**Estate:** If you want all or part of your account paid to your estate, write “my estate” as your beneficiary.

**Trust:** If you want all or part of your account paid to a trust, write the name of the trust as beneficiary, indicate the date it was established, and provide a copy of the title page. For a testamentary trust, you may use the phrase, “trustee under my last will.” At your death, your family will be asked to submit a full copy of the trust agreement.



**PUBLIC EDUCATION EMPLOYEE  
RETIREMENT SYSTEM OF MISSOURI**

PO Box 268  
Jefferson City, MO 65102-0268  
(573) 634-5290 or Toll Free: (800) 392-6848  
FAX: (573) 634-7934  
Email: psrspeers@psrspeers.org  
Website: www.psrs-peers.org

**For office use only**

Member No.	
District No.	
Date Received	

# MEMBER RECORD

Return completed form to your employer. **DO NOT COMPLETE THIS FORM IF: (a) you have an active membership in PEERS, (b) you need to change your personal information or beneficiary designation, or (c) you hold a Missouri educator certificate and work full-time. If you hold an educator certificate and your employment is less than full-time, contact your school administration for more information regarding your membership options.**

## SECTION A – PERSONAL INFORMATION

Social Security Number				Birth Date	Month	Day	Year	Gender (check one)		Marital Status (check one)	
				/			/	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Single	<input type="checkbox"/> Married
Name (Please print your full name. Do not use initials or nicknames.)								Maiden or previous married names			
Mailing Address											
City				State		ZIP Code		Telephone (      )			
Email Address											
Have you previously been a member of this retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No											
If yes, list name(s) under your previous membership(s).											

## SECTION B – DESIGNATION OF BENEFICIARIES

**IMPORTANT NOTE:** Refer to the attached information for detailed recommendations on designating beneficiaries.

<b>Primary Beneficiary</b> Name											
Mailing Address						City		State		ZIP Code	
Birth Date		Month	Day	Year		Relationship to You				Social Security Number	
/		/	/								
<b>First Contingent Beneficiary</b> Name											
Mailing Address						City		State		ZIP Code	
Birth Date		Month	Day	Year		Relationship to You				Social Security Number	
/		/	/								
<b>Second Contingent Beneficiary</b> Name											
Mailing Address						City		State		ZIP Code	
Birth Date		Month	Day	Year		Relationship to You				Social Security Number	
/		/	/								

## SECTION C – YOUR AUTHORIZATION AND SIGNATURE

**AUTHORIZATION OF MEMBER TO PAY BENEFICIARIES:** I hereby authorize the Board of Trustees to pay any benefits due at my death to the primary beneficiary named above. Payments to the first or second contingent beneficiary are only made if the preceding beneficiary is deceased. I understand if I do not designate a beneficiary, or if 1.) I have a change in life status (marriage, divorce, birth or adoption of a child), any beneficiary designation on file with the retirement office is automatically revoked in its entirety, **and** 2.) I do not complete a new designation, any benefit due at my death is paid in accordance with the statutory order of succession established in 169.676 RSMo (see page 2). I reserve the right to change my beneficiary by filing such change on the **Beneficiary Designation** form.

**SIGNATURE:** Do not print, use initials or nicknames. Your signature is required for your beneficiary designation to be valid.

X	Date
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## SECTION D – EMPLOYER CERTIFICATION OF EMPLOYMENT

Date PEERS-Covered Employment Began	Employer
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