



Alaska Supplemental Annuity Plan Beneficiary Designation

FOR OFFICE USE ONLY



STATE OF
ALASKA

Toll-Free: 1-800-821-2251
www.state.ak.us/drb

Division of Retirement and Benefits
PO Box 110203
Juneau, Alaska 99811-0203

Juneau: 465-4460
TDD: (907) 465-2805
Fax: (907) 465-3086

SECTION I. PERSONAL DATA **PLEASE TYPE OR PRINT CLEARLY**

Employee Last Name	First Name	MI
Social Security Number	Home Telephone ()	Work Telephone ()

Employer (check applicable box): State Political Subdivision (name) _____

The beneficiary(ies) listed below is the person or persons who will receive your account balance should you die before you have received payment. If you ARE married and list any person other than your spouse as primary beneficiary for over 50% of your account, your spouse must consent to this election by signing this form in front of a notary public or plan representative.

SECTION II. BENEFICIARY DESIGNATION

Primary	Contingent	Name	Relationship	Date of Birth	Percentage %
Mailing Address					
Social Security Number — —					
Mailing Address					
Social Security Number — —					
Mailing Address					
Social Security Number — —					
Mailing Address					
Social Security Number — —					

If you are married and have designated someone other than your spouse as a 50% or greater primary beneficiary, then your spouse must sign the below waiver in front of a notary public or plan representative for this election to be effective. If you are married and designate your spouse as a beneficiary prior to divorce, **except as required by a qualified domestic relations order**, this designation will be revoked upon your divorce.

I have read and understand that I am entitled to at least 50% of my spouse's account as indicated in Section I in the event of his/her death. I hereby waive and agree to the above Beneficiary Designation.

SPOUSE'S SIGNATURE

DATE

Spouse's signature witnessed by:

_____, or
PLAN REPRESENTATIVE (Must be a designated
employee of the Division of Retirement and Benefits)

NOTARY PUBLIC
State of _____; My Commission Exp: _____

Employee Signature

Date