



### Section III. Consent to Beneficiary Designation

#### INSTRUCTIONS

If you are **MARRIED**, your spouse is automatically your 100% primary beneficiary unless he or she consents to another beneficiary. Your spouse's written consent may be waived if:

- you were not married to your spouse during any part of your PERS or TRS employment;
- you have been married for less than two years and you have established that you and your spouse are not living together; or
- your spouse cannot be located.

Your spouse may waive entitlement to benefits by completing and signing the "*Spouse's Consent*" below before a notary public or other authorized person.

If you are a **SINGLE PARENT**, there are death benefits that may be payable to your dependent child if you die before retirement. **These benefits are only payable to your children if they are your designated beneficiaries.** Because benefits cannot be paid directly to minor children, they will be paid to the children's parent or legal guardian, unless you establish a trust and designate the trust as beneficiary for your children. You should NOT designate another person as beneficiary to receive your children's benefits. Benefits payable to TRS survivors under the 1% Supplemental Contributions provision will be paid in accordance with Alaska Statutes 14.25.162-164.

#### SPOUSE'S CONSENT

I, \_\_\_\_\_, am the spouse of \_\_\_\_\_.

I understand that I am entitled to the death benefits that will be paid if my spouse dies. I have reviewed the *occupational* and *nonoccupational death provisions* described in the *PERS and TRS Information Handbooks*. I understand that, depending upon the circumstances of my spouse's death, I may be eligible to receive either a lump sum benefit or monthly benefits for the rest of my life and that major medical insurance will be available to me and my eligible dependents while I am receiving monthly benefits.

By signing this consent, I agree to waive my right to any benefits that would be paid to me and consent to the naming of another beneficiary.

**Your signature must be witnessed below**

Signature

Date

**Signature witnessed by:**

\_\_\_\_\_  
Plan Representative (Must be a designated employee  
of the Division of Retirement and Benefits)

or

\_\_\_\_\_  
Notary Public or Postmaster

State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_