



Beneficiary Designation

Purpose of the Form

- Use this form to designate beneficiaries to receive your PERSI Base Plan and Choice 401(k) Plan death benefits.

Instructions

- Read "About Form RS115," attached.

Member Information			
Name – First, Middle, Last		Social Security Number	
Mailing Address	Street or P.O. Box		
	City	State	Zip Code
Daytime Phone Number (include area code)		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	

Primary Beneficiary or Beneficiaries					
Name	Social Security or Tax ID Number	Date of Birth	Relationship to You	Benefit %	Nominate a custodian under the Idaho UTMA
				.0%	<input type="checkbox"/> Check this box and go to page 2.
				.0%	<input type="checkbox"/> Check this box and go to page 2.
				.0%	<input type="checkbox"/> Check this box and go to page 2.
				.0%	<input type="checkbox"/> Check this box and go to page 2.

Secondary Beneficiary or Beneficiaries					
Name	Social Security or Tax ID Number	Date of Birth	Relationship to You	Benefit %	Nominate a custodian under the Idaho UTMA
				.0%	<input type="checkbox"/> Check this box and go to page 2.
				.0%	<input type="checkbox"/> Check this box and go to page 2.
				.0%	<input type="checkbox"/> Check this box and go to page 2.
				.0%	<input type="checkbox"/> Check this box and go to page 2.

Member Acknowledgment	
I understand the instructions and information under "About Form RS115." I revoke all previous PERSI beneficiary designations and request that any PERSI benefits payable after my death be made as indicated herein. I may change this designation by filing a new form. This designation applies to my PERSI Base and Choice Plan accounts.	
Signature	Date