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DEATH BENEFITS DESIGNATION OF A TRUST AS BENEFICIARY

Please designate whether this form is being used for pre-retirement or post-retirement lump sum benefits by checking the appropriate box below.

Designation of Death Beneficiary(ies) (Pre-Retirement) (D-NHRS-2/MB-01) form. The designation must provide the name and address of the trustee(s). Note: If the member's death is an accidental death (job-related), the pension portion of the applicable death benefit must be paid to an eligible surviving spouse, minor child(ren), or dependent parent(s). Any applicable accidental death benefit would only be payable to the trust in the event that none of those beneficiaries were living or eligible.
□ Post-Retirement: Retirees may designate a trust as the beneficiary for post-retirement death benefits. Each Group II (Employee and Teacher) or Group II (Police and Fire) retiree who has chosen either the Maximum Retirement Allowance or Option 1 may designate a trust as the beneficiary for post-retirement death benefits. Furthermore, each Group II retiree whose beneficiary(ies) is eligible to receive an additional lump sum death benefit may designate a trust as the beneficiary of that lump sum benefit. Designation of the trust as primary or contingent beneficiary is made on the appropriate retirement application. If changing beneficiaries after retirement, the retiree must complete a <i>Change of Death Beneficiary(ies)</i> (<i>Post-Retirement)</i> (<i>RS-04</i>) form. The designation must provide the name and address of the trustee(s).
NOTE: ONLY LUMP SUM BENEFITS CAN BE MADE PAYABLE TO A TRUST. SURVIVOR MONTHLY ANNUITY BENEFITS CAN ONLY BE MADE PAYABLE TO AN INDIVIDUAL(S)
SECTION I – CONDITIONS AND ACKNOWLEDGEMENT (Each statement must be initialed.)
1. The member/retiree is the sole grantor of the trust OR the member/retiree and one other person are the sole grantors of a joint trust (aka, a "Family" or "Joint" Trust).
2. The trust is valid under New Hampshire law.
3. At such time that NHRS benefits are payable to the trust pursuant to my separate beneficiary designation(s) on the form(s) referenced above, the trust will be irrevocable.
4. I understand that NHRS is not responsible for ensuring the validity of the trust or for carrying out the terms of the trust in any way. It is the sole responsibility of the trustee to certify the validity of the trust and to administer the trust in a manner consistent with the trustee's powers.
5. I understand that if, at the time that benefits are payable to the trust, the trustee(s) cannot be located, is incapacitated, deceased, or refuses to receive the death benefit as trustee(s) of the trust, or if the trust is deemed invalid under Conditions 1, 2, and/or 3 above, the applicable death benefit would then be paid pursuant to RSA 100-A.
SECTION II – MEMBER'S OR RETIREE'S SIGNATURE AND ACKNOWLEDGMENT
I certify under penalties of perjury that the information in Section 1, Parts 1-4, is correct and complete to the best of my
knowledge and belief.
Name: Signature:
Address: Date/
State of County of
Signed and affirmed before me this by
Date Member or Retiree's Name

The New Hampshire Retirement System (NHRS) is governed by New Hampshire RSA 100-A, rules, regulations, and Federal laws including the Internal Revenue Code. NHRS also implements policies adopted by the Board of Trustees. These laws, rules, regulations, and policies are subject to change. Even though the goal of NHRS is to provide information that is current, correct, and complete, NHRS does not make any representation or warranty as to the current applicability, accuracy, or completeness of any information provided. The information herein is intended to provide general information only, and should not be construed as a legal opinion or as legal advice. Members are encouraged to address specific questions regarding NHRS with an NHRS representative. In the event of any conflict between the information herein and the laws, rules, and regulations which govern NHRS, the laws, rules, and regulations shall prevail.

Title (Notary Public or Justice of the Peace)

Signature of Person Taking Acknowledgment

Affix Seal

Expiration Date