



New Hampshire Retirement System, 80 Commercial Street, Concord, New Hampshire 03301-5031, (603) 410-3500

CHANGE OF DEATH BENEFICIARY(IES) (POST-RETIREMENT)

READ INSTRUCTIONS BEFORE COMPLETING FORM

EXPLANATORY INFORMATION:

**Primary Beneficiary** - One person, an estate, or trust designated by the retiree to receive 100% of any lump sum refund of the retiree’s undistributed, accumulated contributions, which may be payable upon the retiree’s death.

**Multiple Primary Beneficiaries** - More than one person designated by a retiree, to each receive a percentage of any lump sum refund of the retiree’s undistributed, accumulated contributions, which may be payable upon the retiree’s death.

**Contingent Beneficiary(ies)** - The person(s), estate, or trust who would become eligible for any lump sum death benefit or lump sum refund of the retiree’s undistributed, accumulated contributions, which may be payable upon the retiree’s death, if the primary beneficiary(ies) are deceased at the time of the retiree’s death.

INSTRUCTIONS:

**STEP 1** – To designate one primary beneficiary, complete Section I, Part A in full. Do not complete Section I, Part B.  
**OR**  
To designate multiple primary beneficiaries, complete Section I, Part B in full. Do not complete Section I, Part A.

**STEP 2** – To designate a contingent beneficiary(ies), complete Section II.

**STEP 3** – To designate a beneficiary(ies) for the Group II lump sum death benefit under RSA 100-A:12, complete Section III.

**STEP 4** – Section IV must include your signature, which must be acknowledged by a Notary Public or Justice of the Peace. This form must be completed and filed with the New Hampshire Retirement System for this beneficiary designation to take effect. If a trust is named as a beneficiary, a completed *Post-Retirement Death Benefits Designation of a Trust as Beneficiary* form must be filed with this form.

SECTION I – DESIGNATION OF PRIMARY BENEFICIARY(IES) UNDER MAXIMUM ALLOWANCE OR OPTION # 1

**PART A – ONE PRIMARY BENEFICIARY** (If you complete Part A, DO NOT complete Part B.)  
I designate the following person as my primary beneficiary to receive any lump sum refund of accumulated contributions which may be due upon my death after retirement based on the retirement benefit option in effect.

| Primary Beneficiary’s Name | Primary Beneficiary’s Address | Primary Beneficiary’s Last 4 of SS# | Primary Beneficiary’s Date of Birth | Relationship to Retired Member |
|----------------------------|-------------------------------|-------------------------------------|-------------------------------------|--------------------------------|
| 1.                         |                               |                                     |                                     |                                |

**PART B – MUTIPLE PRIMARY BENEFICIARIES** (If you complete Part B, DO NOT complete Part A.)  
I designate the following persons as my primary beneficiaries to receive any lump sum refund of accumulated contributions which may be due upon my death after retirement based on the retirement benefit option in effect. (To designate additional multiple primary beneficiaries, check here \_\_\_\_\_ and attach signed and acknowledged supplemental information to this form.) \*\*The sum of the distribution percentages must equal 100%.

| Primary Beneficiaries’ Names | **Distribution Percentage | Primary Beneficiaries’ Addresses | Primary Beneficiaries’ Last 4 of SS# | Primary Beneficiaries’ Dates of Birth | Relationship(s) to Retired Member |
|------------------------------|---------------------------|----------------------------------|--------------------------------------|---------------------------------------|-----------------------------------|
| 1.                           | %                         |                                  |                                      |                                       |                                   |
| 2.                           | %                         |                                  |                                      |                                       |                                   |

SECTION II – DESIGNATION OF CONTINGENT BENEFICIARY(IES)

I designate the following person(s) to receive **any lump sum refund of accumulated contributions which may be due** upon my death and the death of my primary beneficiary(ies). (To designate more than one contingent beneficiary, check here \_\_\_\_\_ and attach signed and acknowledged supplemental information to this form.) \*\*The sum of the distribution percentages must equal 100%.

| Contingent Beneficiary(ies)’ Name(s) | **Distribution Percentage | Contingent Beneficiary(ies)’ Address(es) | Contingent Beneficiary(ies)’ Last 4 of SS# | Contingent Beneficiary(ies)’ Dates of Birth | Relationship(s) to Retired Member |
|--------------------------------------|---------------------------|------------------------------------------|--------------------------------------------|---------------------------------------------|-----------------------------------|
| 1.                                   | %                         |                                          |                                            |                                             |                                   |

SECTION III – DESIGNATION OF BENEFICIARY(IES) FOR GROUP II LUMP SUM DEATH BENEFIT UNDER RSA 100-A:12

I designate the following person(s) to receive any Group II lump sum death benefit which, under the provisions of RSA 100-A:12, may be due upon my death. (To designate more than one beneficiary, check here \_\_\_\_\_ and attach signed and acknowledged supplemental information to this form.) \*\*The sum of the distribution percentages must equal 100%.

| Beneficiary(ies)’ Names | **Distribution Percentage | Beneficiary(ies)’ Addresses | Beneficiary(ies)’ Last 4 of SS# | Beneficiary(ies)’ Dates of Birth | Relationship to Retired Member |
|-------------------------|---------------------------|-----------------------------|---------------------------------|----------------------------------|--------------------------------|
| 1.                      | %                         |                             |                                 |                                  |                                |

SECTION IV – RETIRED MEMBER’S SIGNATURE AND ACKNOWLEDGEMENT

My designation of the above named beneficiary(ies) revokes any prior NHRS designation of death beneficiary(ies) which I may have filed with respect to lump sum post-retirement death benefits.

Retired Member’s Name: \_\_\_\_\_ Retired Member’s Signature: \_\_\_\_\_

Retired Member’s Address: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Month Day Year

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

The foregoing instrument was acknowledged before me this \_\_\_\_\_ by \_\_\_\_\_

Date Retired Member’s Name

Signature of Person Taking Acknowledgement Title (notary public or justice of the peace) Expiration Date Affix Seal