OREGON PERS
PUBLIC EMPLOYEES RETIREMENT SYSTEM

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Individual Account Program (IAP) Beneficiary Restrictions Due to Divorce or Dissolution of Register Domestic Partnership

This form is strictly for IAP member beneficiary restrictions when there was either a Separate Account Award or No Award of IAP benefits.

Section A: Member and former spouse/Registered Domestic Partner (RDP)/alternate payee (AP) information

Member name	PERS ID (optional)
Former spouse/RDP/AP name	

If the member's spouse or RDP is designated as the member's beneficiary and the marriage or registered domestic partnership subsequently dissolves, the former spouse/former RDP shall be considered as predeceasing the member for the purpose of determining beneficiaries unless the member expressly designates the former spouse/former RDP as beneficiary after the effective date of dissolution or the former spouse/former RDP is required to be designated as a beneficiary as a provision of the dissolution.

Any IAP beneficiary restrictions are to be indicated below by checking the boxes that apply.

Section B: Non-retired member

☐ Member is required to designate the former spouse/RDP/AP as the sole primary **preretirement** beneficiary.

☐ Member is required to designate the former spouse/RDP/AP as a primary **preretirement** beneficiary for ______________% of any death payment.

☐ Member is required to name any minor children as primary **preretirement** beneficiaries**.**
The requirement to designate minor children automatically expires upon minors reaching the age of majority.

Section C: Retired member currently receiving installment payments

☐ Retired member is required to designate the former spouse/RDP/AP as the sole primary **retirement** beneficiary.

☐ Retired member is required to designate the former spouse/RDP/AP as a primary **retirement** beneficiary for ______________% of any death payment.

☐ Retired Member is required to name any minor children as primary **retirement** beneficiaries.
The requirement to designate minor children automatically expires upon minors reaching the age of majority.

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling**, toll free 888-320-7377** or **TTY 503-603-7766.**

Print Form Clear Fields

EXHIBIT_____