



P.O. Box 349  
 Augusta, ME 04332-0349  
 Telephone: (207) 512-3100  
 Toll-free: 1-800-451-9800  
 Fax: (207) 512-3101  
 TTY: (207) 512-3102

**PROSPECTIVE BENEFICIARY OF  
 MEMBER CHANGING TO  
 SERVICE RETIREMENT**

MEMBER INFORMATION	
Name (Please Print) Last, First, Middle Initial	Social Security Number
Mailing Address (Street, Route, PO Box, etc)	Birth Date (Month, Day, Year)
City, State, Zip	Phone

**In order to provide you with an estimate of all the service retirement options available to you, we must be provided with the name and birth date of your prospective beneficiary:**

Name of Your Prospective Beneficiary (*if any*): \_\_\_\_\_  
 (Please Print)

Relationship: \_\_\_\_\_

Date of Birth of Your Prospective Beneficiary: \_\_\_\_\_  
 Month Day Year

Social Security Number of Your Prospective Beneficiary: \_\_\_\_\_

Your Prospective Beneficiary is:  Male  Female

**Please return this form in the envelope provided to:**

ANCILLARY SERVICES  
 MAINE PUBLIC EMPLOYEES RETIREMENT SYSTEM  
 P.O. BOX 349  
 AUGUSTA, ME 04332-0349

**Please note: Information provided on this form is used for service retirement purposes only and does not constitute a change in your designated beneficiary. Should you wish to change your designated beneficiary, please contact the MainePERS Survivor Services Unit and request that the appropriate form be sent to you.**