



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