

## UNIFORM TRANSFERS TO MINORS ACT (UTMA) CUSTODIAN DESIGNATION

**A separate form must be completed for each minor child.**

### Member Information

Social Security Number	First Name	Middle	Last	
Mailing Address		City	State	ZIP
Home Phone Number		Home E-Mail Address		

I, \_\_\_\_\_, as a member of the Maine Public Employees Retirement System, hereby designate the below-named individual, as custodian for the minor child identified below, under the Maine Uniform Transfers to Minors Act, to collect the following benefits to which said child will be entitled to receive upon my death (check all that apply):

- MainePERS Retirement Benefits
  
- Group Life Insurance Benefits

### Name of Minor Child

First Name	Middle	Last	Date of Birth
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### Custodian

First Name	Middle	Last	Phone Number	
Mailing Address		City	State	ZIP
Custodian's Signature as Acknowledgement of Appointment			Date	

If the custodian named above dies before the transfer or is unable, declines, or is ineligible to serve, I designate the following successor custodian for the minor and for the purposes specified above.

### Successor Custodian

First Name	Middle	Last	Phone Number	
Mailing Address		City	State	ZIP
Successor Custodian's Signature as Acknowledgement of Appointment			Date	

### Member's Signature

	Date
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