



Toll-Free: (800) 821-2251  
drb.alaska.gov

# Beneficiary Designation

## Voluntary Supplemental Benefits (VSB)

### Life and AD&D

Division of Retirement and Benefits  
P.O. Box 110203  
Juneau, AK 99811-0203

Juneau: (907) 465-4460  
TDD: (907) 465-2805  
Fax: (907) 465-3086

FOR OFFICE USE ONLY

This form allows you to designate a person or institution as your primary and contingent beneficiaries for life insurance and AD&D benefits as a participant of SBS-AP. It is important to include all of the information requested below, including a Social Security number for an individual or taxpayer identification number (TIN) for an institution. You may change your beneficiaries in the future by completing a new *Beneficiary Designation – Voluntary Supplemental Benefits (VSB) Life and AD&D* form (ben083). Please print clearly in ink and return the original form to the Alaska Division of Retirement and Benefits at the address above.

#### SECTION I: MEMBER INFORMATION

|                                                                                                                                                              |  |                         |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|-------|
| NAME (FIRST, MIDDLE, LAST)                                                                                                                                   |  | RIN OR LAST FOUR OF SSN |       |
| MAILING ADDRESS (STREET OR P.O. BOX)                                                                                                                         |  |                         |       |
| CITY                                                                                                                                                         |  | STATE                   | ZIP+4 |
| DAYTIME TELEPHONE NUMBER                                                                                                                                     |  | EMAIL ADDRESS           |       |
| MARITAL STATUS<br><input type="checkbox"/> Married <input type="checkbox"/> Never married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |  | DATE OF MARRIAGE        |       |

#### SECTION II: PRIMARY BENEFICIARY DESIGNATION

|    | FULL LEGAL NAME OF PERSON,<br>TRUST, OR INSTITUTION | ADDRESS, CITY, STATE, ZIP+4 | RELATIONSHIP TO<br>MEMBER | DATE OF<br>BIRTH | SOCIAL SECURITY<br>NUMBER (OR TIN) | % OF<br>BENEFIT |
|----|-----------------------------------------------------|-----------------------------|---------------------------|------------------|------------------------------------|-----------------|
| 1. |                                                     |                             |                           |                  |                                    |                 |
| 2. |                                                     |                             |                           |                  |                                    |                 |
| 3. |                                                     |                             |                           |                  |                                    |                 |
| 4. |                                                     |                             |                           |                  |                                    |                 |

#### SECTION III: SECONDARY BENEFICIARY DESIGNATION (Will only receive benefits if all primary beneficiaries are deceased.)

|    | FULL LEGAL NAME OF PERSON,<br>TRUST, OR INSTITUTION | ADDRESS, CITY, STATE, ZIP+4 | RELATIONSHIP TO<br>MEMBER | DATE OF<br>BIRTH | SOCIAL SECURITY<br>NUMBER (OR TIN) | % OF<br>BENEFIT |
|----|-----------------------------------------------------|-----------------------------|---------------------------|------------------|------------------------------------|-----------------|
| 1. |                                                     |                             |                           |                  |                                    |                 |
| 2. |                                                     |                             |                           |                  |                                    |                 |
| 3. |                                                     |                             |                           |                  |                                    |                 |
| 4. |                                                     |                             |                           |                  |                                    |                 |

#### SECTION IV: SIGNATURE

On this form, I have made my beneficiary designations for Voluntary Supplemental Benefits. I have read the instructions and understand that this form supersedes and revokes all prior designations and will become effective only when it is received by the Alaska Division of Retirement and Benefits.

|           |      |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

# Beneficiary Designation Instructions and Information

## Whom Can You Name as Beneficiary?

You can choose:

- A living person.
- An institution.
- Your estate.
- A trust.
- Any combination of these options.

## Primary Versus Secondary Beneficiaries

- Primary beneficiaries are “first in line” to receive benefits in the event of your death. All primary beneficiaries share equally, unless otherwise noted on the form.
- Secondary beneficiaries only receive benefits in the event all primary beneficiaries die before or simultaneously with the member. All secondary beneficiaries share equally, unless otherwise noted on the form.

## Information to Provide

Each time you complete a new form, it is important you provide the full legal name, address, relationship, date of birth and Social Security number of each individual person (or taxpayer identification number (TIN) of each institution) you designate. You must also designate whether the beneficiary is primary or secondary. Each piece of information helps ensure the named beneficiary is located and the proper person or institution receives the correct distribution.

## Designating an Institution as Beneficiary

To name an institution (charity, church, etc.), please provide all of the information requested in Parts 2 and/or 3.

## Designating a Trust as Beneficiary

To designate a trust as beneficiary, you should provide the name of the trust and the date the trust was created in the space provided for naming a beneficiary. Please also provide a copy of the Memorandum of Trust with your beneficiary designation.

## Designating a Minor as Beneficiary

A minor can be named as your beneficiary. When no custodian has been named, and the amount the minor will receive is more than \$5,000, payment is guided by the Alaska Uniform Transfers to Minors Act. The Alaska Uniform Transfers to Minors Act AS 13.46.010-999 permits transfers of property and money to a person nominated as a custodian for a minor. The custodian must obtain a conservatorship prior to payment of the funds. This is true even if the custodian is the parent or legal guardian of the minor.

## Naming Additional Beneficiaries

If you need to name more beneficiaries than space allows on this form, use an additional *Beneficiary Designation* page. This page must be received with your completed Beneficiary Designation form to be valid. You can download an additional page at [Alaska.gov/drb](http://Alaska.gov/drb) or contact the Division to receive one by mail.

## NOTICE

### BENEFICIARY REVOCATION BY DISSOLUTION, DIVORCE, OR ANNULMENT:

AS 13.12.804 provides that a dissolution, divorce, or annulment, as it relates to beneficiary designations:

- Revokes any revocable “disposition or appointment of property,” made to a former spouse.
- Revokes the beneficiary designation of a former spouse’s family member(s).

Each time you complete a beneficiary form, it cancels all prior beneficiary designations with the Division for these death benefits. Your designations do not become effective until this form is signed and received in the Division office.

For more information, please contact the Member Services Contact Center toll-free at (800) 821-2251, in Juneau at (907) 465-4460 from 8:30 a.m. to 4 p.m. Monday-Thursday and 8:30 a.m. to 3 p.m. Friday Alaska Time. You may also contact customer service representatives by email at [doa.drb.mscc@alaska.gov](mailto:doa.drb.mscc@alaska.gov).

When you have completed and signed this form, please return the original form to the Division at:

Alaska Division of Retirement and Benefits  
P.O. Box 110203  
Juneau, Alaska 99811-0203

***If you are completing this form because you recently divorced, please send a complete court-certified copy of your divorce or dissolution documents to the Division.***