

NPERS Nebraska Public Employers Retirement Systems	ees

1526 K St., Ste. 400	PO Box 94816	Lincoln, NE	68509-	4816	PHONE 402-471-2053	TOLL FREE 8	00-245-5712
Last Name	First	Middle		Maiden	Date of Birth -	-	Plan Type (check all that apply)
Social Security Number		Ema	il Address	3			☐ School ☐ State
Address		City		State	e Zip		☐ County ☐ Judges ☐ Patrol
Home Phone	Work Phone		Emplo	yer			☐ Pallol ☐ DCP
	Be	neficiary	Desid	ınation	Form		
READ CAREFULLY BEF supersedes prior benefici trust and the trustee. Sub than five beneficiaries in additional pages herePRIMARY BENEFICIAR Primary Beneficiaries designation of the primary beneficiaries designation.	ORE COMPLETING: B ary designation forms. whit the original docume either the Primary or Community (IES): I designate the	enefits will be particular to the particular tent only; photoc ontingent categor following person(aid to you ust or oth opies and ory, you results.	ur survivors ner legal er nd faxes w nust attach my Primary	s exactly as you provide ntity as your beneficiary, rill not be accepted. If you a supplemental form(s) Beneficiary(ies) for the Re	include the nam ou wish to desig and indicate the etirement Plan no	e of both the nate more number of
following the date of birth b							
				<u>M/F</u>			
Name of Beneficiary		Spouse/Ch	ild/Other	Gender	Social Security Number	Date of Birth	%
Name of Beneficiary		Spouse/Ch	ild/Other	M/F Gender	Social Security Number	Date of Birth	%
Name of Beneficiary		Spouse/Ch	ild/Other	M / F	Social Security Number	Date of Birth	%
,		·		M/F	·		
Name of Beneficiary		Spouse/Ch	ild/Other	Gender M / F	Social Security Number	Date of Birth	%
Name of Beneficiary		Spouse/Ch	ild/Other	Gender	Social Security Number	Date of Birth	%
CONTINGENT BENEFIC above. I understand my Coshares of the benefit. All Cothe line following the date of Name of Beneficiary	ontingent Beneficiary(ies) ontingent Beneficiaries d) will receive a sh lesignated will sh	are of my are equa gent Be i	/ benefit if a lly in the be	all Primary Beneficiaries pr nefit unless I have include	re-decease me or ed a percentage (refuse their
Name of Panafiaiany		Spaus (Ch	ild/Oth or	M/F	Carial Casurity Number	Date of Dirth	
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Name of Beneficiary		Spouse/Ch	ild/Other	M/F Gender	Social Security Number	Date of Birth	%
Name of Beneficiary		Spouse/Ch	ild/Other	M / F Gender	Social Security Number	Date of Birth	%
				M/F			
Name of Beneficiary		Spouse/Ch	ild/Other	Gender	Social Security Number	Date of Birth	%
SIGNATURE OF MEMBE	ER						
I hereby certify that the abo	·	•		•			
satisfaction, freely and volu	untarily signed this benef	iciary designation	n form in	my presenc	e.		
State of			STA	AMP HERE			
County of							
Subscribed and sworn before	e me this day of			_,			
NOTARY PUBLIC SIGNA	ATURE				My commission	expires:	·

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Beneficiary Designation Supplemental Form

IMPORTANT: This form is to be used as a supplement to the Beneficiary Designation Form only if you wish to designate more than five Primary or Contingent Beneficiaries. You may use as many Supplemental forms as needed. *This form will NOT be accepted without the original, notarized Beneficiary Designation Form.*

RIMARY BENEFICIARY(IES) (co	•				
in a percentage amount (%), for all		·			
luding those listed on page 1). If a	all beneficiaries are to share equa	ılly, no per	centage needs to be listed	. PLEASE PRINT.	
		M/F			
Name of Beneficiary	Spouse/Child/Other	Gender	Social Security Number	Date of Birth	%
		<u>M/F</u>			
Name of Beneficiary	Spouse/Child/Other	Gender	Social Security Number	Date of Birth	%
		<u>M/F</u>			
Name of Beneficiary	Spouse/Child/Other	Gender	Social Security Number	Date of Birth	%
		M/F			
Name of Beneficiary	Spouse/Child/Other	Gender	Social Security Number	Date of Birth	%
		M/F			
Name of Beneficiary	Spouse/Child/Other	Gender	Social Security Number	Date of Birth	%
		M/F			
Name of Beneficiary	Spouse/Child/Other	Gender	Social Security Number	Date of Birth	%
		M/F			
Name of Beneficiary	Spouse/Child/Other	Gender	Social Security Number	Date of Birth	%
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Name of Beneficiary ONTINGENT BENEFICIARY(IE Il in a percentage amount (%), for all cluding those listed on page 1). If a	persons designated below (the s	hares of <u>a</u>	_		/ 6,
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