Beneficiary Waiver

Revised 07/22/2016

Please print or type in black ink. Completed form and accompanying Notary Public Acknowledgement should be mailed or presented to PERS. See bottom of form for contact information.

❶ Deceased Member Information – *Attach copy of member's birth and death certificates if not on file with PERS.*

First Name: _____ MI: _____ Last Name: _____

Social Security No.: _____ Birth Date *mm/dd/ccyy*: _____ Death Date *mm/dd/ccyy*: _____

❷ Retirement Plan – *Select applicable plan.*

☐ Public Employees' Retirement System of Mississippi (PERS)

☐ Mississippi Highway Safety Patrol Retirement System (MHSPRS)

☐ Supplemental Legislative Retirement Plan (SLRP)

☐ Municipal Retirement Systems (MRS) City: _____

❸ Beneficiary Certification

I do hereby relinquish any and all rights to the above-listed member's accumulated member contributions and interest and do hereby agree to indemnify and hold harmless the Public Employees' Retirement System of Mississippi from all claims from any source whatsoever pertaining to the payment of said funds to someone other than me.

Beneficiary's Name: _____ Social Security No.: _____

Beneficiary's Signature *Sign in presence of notary:* _____ Date *mm/dd/ccyy*: _____

Public Employees' Retirement System of Mississippi
429 Mississippi Street, Jackson, MS 39201-1005 800.444.7377 601.359.3589 601.359.5261, *fax* www.pers.ms.gov

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