

NPERS	Nebraska Public Employees Retirement Systems

1526 K St., Ste. 400	PO Box 94816	Lincoln, NE	68509-	4816	PHONE 402-471-2053	TOLL FREE 80	00-245-5712
Last Name	First	Middle	I	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
Home Phone	Work Phone		Emplo	yer			Patrol DCP
	Be	neficiary	Desig	nation	Form	·	
READ CAREFULLY BEF supersedes prior benefici trust and the trustee. Sub than five beneficiaries in e additional pages here.	ORE COMPLETING: Book ary designation forms. mit the original docume either the Primary or Co	enefits will be particular to the particular to	aid to you ust or oth copies ar ory, you n	ur survivors ner legal er nd faxes w nust attach	s exactly as you provide ntity as your beneficiary, rill not be accepted. If you a supplemental form(s)	include the name ou wish to desig and indicate the	e of both the nate more number of
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Name of Beneficiary		Spouse/Ch	nild/Other	Gender	Social Security Number	Date of Birth	%
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Name of Beneficiary		Spouse/Ch	nild/Other	Gender	Social Security Number	Date of Birth	%
SIGNATURE OF MEMBE	R					Date	
I hereby certify that the abo satisfaction, freely and volu		•		•	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.

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Rev. 03/2018

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cluding those listed on page 1). If	all beneficiaries are to share equa	ılly, no per	centage needs to be listed	. PLEASE PRINT.	
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