

Beneficiary Designation - Alternate

Wis. Stat. § 40.02 (8) (a) and 40.74

Complete if applicable
Beneficiary of:
Alternate Payee of:

Do not submit to your employer

Refer to instructions on reverse

Type or print in ink

Your name	<i>First</i>	<i>Middle I.</i>	<i>Last</i>	<i>Former/maiden</i>	Your Social Security number or ETF ID
Your address (<i>Street number and street name</i>)					Your birth date (<i>MM/DD/CCYY</i>)
City					State
ZIP Code					Your weekday telephone number (<i>Include area code</i>)
					() -

Any benefits payable by the Wisconsin Retirement System and life insurance program at my death shall be paid in **equal shares**, unless otherwise specified, to the following primary beneficiary(ies) who survive me:

PRIMARY	Name (<i>First, Middle I., Last</i>)	Relationship	Birth date (<i>MM/DD/CCYY</i>)	SSN	Address (<i>street, city, state, ZIP code</i>)
			/ /	- -	
			/ /	- -	
			/ /	- -	
			/ /	- -	

ALTERNATE PRIMARY	If the aforesaid _____ (<i>name</i>) dies before me, the benefit which would have been payable to them shall be paid in equal shares to those listed below.				
	Name (<i>First, Middle I., Last</i>)	Relationship	Birth date (<i>MM/DD/CCYY</i>)	SSN	Address (<i>street, city, state, ZIP code</i>)
			/ /	- -	
			/ /	- -	
			/ /	- -	
			/ /	- -	
	If the aforesaid _____ (<i>name</i>) dies before me, the benefit which would have been payable to them shall be paid in equal shares to those listed below.				
	Name (<i>First, Middle I., Last</i>)	Relationship	Birth date (<i>MM/DD/CCYY</i>)	SSN	Address (<i>street, city, state, ZIP code</i>)
			/ /	- -	
			/ /	- -	
			/ /	- -	
			/ /	- -	
	If the aforesaid _____ (<i>name</i>) dies before me, the benefit which would have been payable to them shall be paid in equal shares to those listed below.				
	Name (<i>First, Middle I., Last</i>)	Relationship	Birth date (<i>MM/DD/CCYY</i>)	SSN	Address (<i>street, city, state, ZIP code</i>)
			/ /	- -	
		/ /	- -		
		/ /	- -		
		/ /	- -		

NOTE

**Sign and date at the bottom of the next page.
Do not detach pages or alter this form.**

NOTE

SECONDARY	In the event all primary and alternate primary beneficiaries die before me, the death benefit shall be paid in equal shares, unless otherwise specified, to the following secondary beneficiaries who survive me, if any:				
	Name (First, Middle I., Last)	Relationship	Birth date (MM/DD/CCYY)	SSN	Address (street, city, state, ZIP code)
			/ /	- -	
			/ /	- -	
			/ /	- -	

ALTERNATE SECONDARY	If the aforesaid _____ (name) dies before me, the benefit which would have been payable to them shall be paid in equal shares to those listed below.				
	Name (First, Middle I., Last)	Relationship	Birth date (MM/DD/CCYY)	SSN	Address (street, city, state, ZIP code)
			/ /	- -	
			/ /	- -	
			/ /	- -	

ALTERNATE SECONDARY	If the aforesaid _____ (name) dies before me, the benefit which would have been payable to them shall be paid in equal shares to those listed below.				
	Name (First, Middle I., Last)	Relationship	Birth date (MM/DD/CCYY)	SSN	Address (street, city, state, ZIP code)
			/ /	- -	
			/ /	- -	
			/ /	- -	

ALTERNATE SECONDARY	If the aforesaid _____ (name) dies before me, the benefit which would have been payable to them shall be paid in equal shares to those listed below.				
	Name (First, Middle I., Last)	Relationship	Birth date (MM/DD/CCYY)	SSN	Address (street, city, state, ZIP code)
			/ /	- -	
			/ /	- -	
			/ /	- -	

ALTERNATE SECONDARY	If the aforesaid _____ (name) dies before me, the benefit which would have been payable to them shall be paid in equal shares to those listed below.				
	Name (First, Middle I., Last)	Relationship	Birth date (MM/DD/CCYY)	SSN	Address (street, city, state, ZIP code)
			/ /	- -	
			/ /	- -	
			/ /	- -	

If all of the aforesaid beneficiaries die prior to my death, the benefit shall be paid according to the statutory standard sequence in effect on the date of death.

If you want this designation to apply only to specific benefit plan(s) or account(s), use this space to specify the benefit plan(s) or account(s) to which you want this designation to apply. See "Effective for all benefit plans and accounts" section on the reverse side before completing this section.

I understand that Wis. Stat. § 943.395 provide criminal penalties for making false or fraudulent claims on this form and hereby certify to the best of my knowledge and belief, the above information is true and correct. I have read and understand the information as stated on the reverse side of this *Beneficiary Designation* form.

SIGN	Signature (Do not print)	Date signed (MM/DD/CCYY)	DATE
		/ /	

Note: The date the form is signed is not the date it becomes effective. A *Beneficiary Designation* form does not become effective until received and approved by the Department of Employee Trust Funds. The person filing the designation must still be alive when ETF receives the form. An acknowledgment will be sent when this designation has been reviewed and accepted. Invalid designations will be rejected and returned to you.

Beneficiary Designation – Alternate Instructions

Personally identifiable information, such as your Social Security Number, date of birth, etc., will not be used for any purpose other than for the administration of the benefit programs administered by ETF.

Who Completes a Beneficiary Designation

If you are the owner of a Wisconsin Retirement System account from which a death benefit or life insurance benefit would be payable upon your death, you may file a beneficiary designation. Most WRS participants, some alternate payees (former spouses) of participants and some beneficiaries of deceased participants are eligible to file. **If no *Beneficiary Designation* is on file, WRS death benefits and life insurance benefits will be paid according to the statutory standard sequence in effect on the date of death as explained in the "Naming Standard Sequence" section.**

Special Note to Annuitants: If you selected a WRS joint and survivor annuity when you retired, you can never change the named survivor that you named on your WRS annuity application. Filing a *Beneficiary Designation* form does not change your named survivor.

Completing a Beneficiary Designation

Clarity. Our objective is to ensure prompt payment of any death benefits available upon your death, as specified by you on the beneficiary designation form. Clarity is necessary when you complete a *Beneficiary Designation* form, in order to avoid any questions as to your intent. ETF staff will review your designation and may reject it if it is unclear or confusing.

Note: Nicknames, overwriting, erasures, "white-out," crossed-out words, numerals denoting order of beneficiaries, special instructions and notations, references to future events, or use of the word "or" in naming beneficiaries will result in our **rejecting your designation and returning it to you**. Designations by letter, copies of designation forms (instead of new, official, signed designation forms) and designations with extra attached pages or separated pages, **will also be rejected**.

Simplicity. Because your designation may remain in effect for many years and applies to all benefit plans and accounts to which you may become entitled, we recommend against filing lengthy or complex designations. If you wish to name a large number of beneficiaries, anticipate frequent changes in your beneficiaries, prefer to make special arrangements for each benefit plan or account, or want to impose special conditions on some benefits, you should consider naming your estate or a trust. Your death benefits administered by ETF would then be distributed according to your will or trust document. Payment is issued to the trust or estate, not to the trustee or estate representative.

Top of form. Your name, address, Social Security number, date of birth and telephone number should be typed or printed in ink (not pencil) at the top of the *Beneficiary Designation*. This information is required.

Sign and date. After designating a beneficiary or beneficiaries, sign and date the designation at the bottom of the form. Unsigned and/or undated forms will be rejected and returned to you. Forms dated with a future rather than a current date will be rejected and returned to you.

Extra Pages. If more space is needed, complete and submit a second form page and clearly mark them as page 1 of 2, etc., signing and dating each page. Do not attach extra non-form pages and do not list beneficiaries on the back.

Guardian/Conservators. A legal guardian or conservator of the estate who has appropriate legal authority may sign a *Beneficiary Designation* form on behalf of a participant. The guardian or conservator must also submit a photocopy or fax of an order of guardianship or conservatorship.

Submit the form to ETF at the address listed at the top of the form. Make a photocopy of the completed form and keep for your records. An acknowledgment notice will be sent to you after the form has been reviewed and approved.

Effective for all benefit plans and accounts. Unless otherwise specified on the *Beneficiary Designation* form (in the box at the bottom of the second page, above the signature line), a *Beneficiary Designation* form filed with ETF will apply to the benefits payable upon your death from all benefit plans and accounts administered by ETF.

This does not include benefits from the Deferred Compensation Program. You may designate beneficiaries for separate benefit plans and WRS accounts. Separate benefit plans are life insurance and WRS benefits.

The separate WRS accounts you may hold are your own account and/or those you own as a beneficiary or an alternate payee.

If you wish to designate different beneficiaries for separate benefit plans or accounts, please contact ETF toll free at 1-877-533-5020 or 608-266-3285 to request forms and special instructions. If you file a *Beneficiary Designation* form for a specific benefit plan or account, and subsequently file a form that does not specify a benefit plan or account, the new designation will supersede all previously filed designations.

Please contact the administrator of the Deferred Compensation Program for details regarding naming or changing beneficiaries for your Deferred Compensation Program account.

Other Life Insurance. The designation of a beneficiary filed with ETF does not apply to any life insurance program not administered by ETF.

When effective or invalid. Once a properly completed *Beneficiary Designation* is received and approved by ETF, it remains in effect until you file a new designation or until there are no further benefits payable. EXCEPTION: This designation will be set aside, and standard sequence will govern payment of your retirement account death benefits, if ETF makes a mandatory distribution of your retirement account to you. Designations continue to be applicable to any life insurance or beneficiary account that may be payable. If you subsequently reestablish eligibility for benefits after closing an account, the previously filed *Beneficiary Designation* is invalid.

Note: A divorce, annulment or similar event will not invalidate a *Beneficiary Designation* which named your former spouse. To remove a former spouse as a beneficiary, you must file a new designation.

Payment Progression. Your death benefits will be paid first to your primary beneficiary(ies). If a primary beneficiary dies before you, that share will be paid to any alternate primary beneficiaries you have named. If all of your primary beneficiaries and alternate primary beneficiaries die before you, your death benefits will be paid to your secondary beneficiary(ies). If a secondary beneficiary dies before you, that share will be paid to any alternate secondary beneficiaries you have named.

If all of your primary, alternate primary, secondary and alternate secondary beneficiaries die before you, your death benefits will be paid according to standard sequence.

Equal shares unless otherwise specified. If you name two or more persons as primary or secondary beneficiaries, payment will be made in equal shares unless you specify a percentage for different beneficiaries. If you have named alternate beneficiaries, the share that would have been payable to a deceased primary (or secondary) beneficiary will be paid in equal shares to that deceased beneficiary's alternate beneficiary(ies).

If you specify percentages to be paid to primary or secondary beneficiaries, the percentages at each level (primary and secondary) must total 100%.

Options available for Designating a Beneficiary

Naming standard sequence. Under the standard sequence defined in Wis. Stat. § 40.02 (8) (a), any benefit payable is paid to the person or persons in the lowest numbered group below. No payment will be made to a person included in any group if there is a living person or persons in any of the preceding groups. Payment to two or more persons included in any group will be made in equal shares.

The standard sequence described below is subject to change based on changes in state statutes. If benefits are paid according to standard sequence, the statutory standard sequence in effect at the time of your death will determine your beneficiary(ies).

The current statutory standard sequence is as follows:

- Group 1: Surviving spouse or domestic partner.
- Group 2: Children (natural or legally adopted). If one of your children dies before you, that child's share is divided between your deceased child's children.
- Group 3: Parent(s)
- Group 4: Brother(s) and Sister(s). If one of your siblings dies before you, that sibling's share is divided between your deceased sibling's children.

If there are no survivors in Groups 1 through 4, any death benefits will be paid to your estate.

If you want to name standard sequence as beneficiary, simply enter the words "standard sequence." **Do not include any specific names.**

Naming your estate. To name your estate as your beneficiary, enter the word "Estate" on the beneficiary designation form. Do not include the name of your personal representative or executor.

If you designate your estate, your death benefits will be distributed according to your Last Will and Testament or according to the Wisconsin's intestacy laws if you do not leave a will. The death benefits will be paid directly to your estate in a lump sum. It will be the responsibility of your personal representative or executor to distribute the funds according to your will, or if you do not leave a will, according to the intestacy laws.

Naming a Trust as Beneficiary. You can name a living trust or a testamentary trust as your beneficiary. Death benefits will be issued payable to the trust, not to the trustee. We recommend that you consult with your attorney and/or financial advisor to ensure that you fully understand the implications of setting up a trust, including the tax consequences.

Living trust. If you designate a living trust as your beneficiary, your beneficiary designation **must** include the following information:

1. The name of the trust;
2. The date the trust was created;
3. The name of the trustee, followed by the word "trustee". You may also add "or his or her successor trustee";
4. The trustee's address;
5. If you are currently the trustee of your living trust, you **must** provide the name and address of your successor trustee for us to contact after your death.
6. (optional) The taxpayer identification number of the trust if one has been assigned.

Example:

The John and Jane Doe Living Trust, created April 1, 2008	ID #xxx-xx-xxxx
Jane Smith, Trustee or her successor Trustee	
123 Main St., Anytown, WI 54321	

Testamentary trust. A testamentary trust is created by your last will and testament, and does not come into existence until after your death. Usually a will must be probated before the death benefits can be paid to the testamentary trust. If you designate a testamentary trust as your beneficiary, your beneficiary designation should include the following information:

1. The name of the trust;
2. The words "created in my last will and Testament"
3. The name of the trustee, followed by the word "trustee";
4. The trustee's address.

Example:

The John and Jane Doe Trust, created under my last Will and Testament
Jane Smith, Trustee
123 Main St., Anytown, WI 54321

Future children. If you wish to name future children in the primary or secondary sections of the form, use the statement: "I also include as beneficiaries as if each were specifically and individually named herein, any and all of my natural and/or legally adopted children." You may substitute "grandchildren" for "children" if appropriate.

If you wish to name future children in the **alternate** primary or secondary sections of the form, use the statement: "**I also include as beneficiaries as if each were specifically and individually named herein, any and all of the natural or legally adopted children of the deceased beneficiary named above.**"

This will include all marital and non-marital children (as long as any relevant paternity is established), whether the child's date of birth is before or after your date of death. You may substitute "grandchildren" for "children" in the above example.

Naming a Charity, Religious Organization, or Other Non-Profit Organization as Beneficiary

Please list the full legal name, tax identification number and current address of the charity so that ETF can best carry out your wishes.

Federal Distribution Requirements. Federal tax law requires retirement benefits to be distributed (paid) to a participant or beneficiary by certain deadlines. After your death, if we cannot locate your beneficiaries within the legal deadlines, the benefit will be forfeited. Therefore, it is very important for you to keep address information for your beneficiaries current.

Questions: If you have questions about this form, please contact ETF at the address shown or call our toll-free number 1-877-533-5020, or 608-266-3285 (local Madison), or the Wisconsin Relay Service at 7-1-1 or 1-800-947-3539 (English), 1-800-833-7813 (Spanish).

PRIMARY	Name (First, Middle I., Last)	Relationship	Birth date (MM/DD/CCYY)	SSN	Address (street, city, state, ZIP code)
		Bill A. Doe	Son	02/12/1948	xxx-xx-xxxx
	Mary L. Doe-Brown	Daughter	02/18/1949	xxx-xx-xxxx	321 Birch Ave., Anywhere, WI 54310
ALTERNATE	If the aforesaid <u>Bill A. Doe (name)</u> dies before me, the benefit which would have been payable to them shall be paid in equal share to those listed below.				
	Name (First, Middle I., Last)	Relationship	P	SSN	Address (street, city, state, ZIP code)
	David B. Doe	Grandson	7	xxx-xx-xxxx	234 Maple St., Tree, WI 54329
	Steve P. Doe	Grandson	-769	xxx-xx-xxxx	524 Tree Lane, Oak, WI 54123
	Betsy A. Doe	Grandr	-2/1967	xxx-xx-xxxx	687 Flaa Rd., Pole, WI 54213
	If the aforesaid <u>Mary L. Doe-Brown nan.</u> before me, the benefit which would have been payable to them shall be paid in equal shares to those listed below.				
Name (First, Middle I., Last)	Relationship	Birth date	SSN	Address (street, city, state, ZIP code)	
Jennifer A. Doe-Brown	Granddaughter	01/19/1965	xxx-xx-xxxx	987 Pennu Lane, Cents, WI 54310	

SAMPLE