



## DESIGNATION OF DEATH BENEFICIARY(IES) PRE-RETIREMENT

- STEP 1** – To designate one or more primary beneficiary(ies), complete Section I.
- STEP 2** – To designate one or more contingent beneficiary(ies), who will receive the death benefit if the primary beneficiary(ies) is deceased at the time of the member’s death before retirement, complete Section II.
- STEP 3** – Section III must include the member’s signature, acknowledged in the presence of a Notary Public or Justice of the Peace. This form must be completed and filed with the New Hampshire Retirement System (NHRS) at the address noted above for this beneficiary designation to take effect. Members should retain a copy of this form for their records.
- NOTE** – If the member designates a trust as a beneficiary in Section I or II, the designation must provide the name and address of the trustee(s). In addition, a *Death Benefits Designation of a Trust as Beneficiary* form must also be completed.

**(See reverse side for more information before completing this form.)**

### SECTION I – DESIGNATION OF PRIMARY BENEFICIARY(IES)

I designate the following person(s), estate, or trust as my primary beneficiary(ies). To designate additional primary beneficiaries, initial here \_\_\_\_\_ and attach signed supplemental information to this form. The sum of the distribution percentages must equal 100%.

Primary Beneficiary’s Name	Distribution Percentage	Primary Beneficiary’s Address	Primary Beneficiary’s Social Security #	Primary Beneficiary’s Date of Birth	Relationship to Member
1.	%				
2.	%				
3.	%				
4.	%				

### SECTION II – DESIGNATION OF CONTINGENT BENEFICIARY(IES)

I designate the following person(s), estate, or trust as my contingent beneficiary(ies). To designate additional contingent beneficiaries, initial here \_\_\_\_\_ and attach signed supplemental information to this form. The sum of the distribution percentages must equal 100%.

Contingent Beneficiary’s Name	Distribution Percentage	Contingent Beneficiary’s Address	Contingent Beneficiary’s Social Security #	Contingent Beneficiary’s Date of Birth	Relationship to Member
1.	%				
2.	%				
3.	%				

### SECTION III – MEMBER’S SIGNATURE AND ACKNOWLEDGMENT

This designation of the above named beneficiary(ies) revokes any and all prior NHRS *Designation of Death Beneficiary(ies) (Pre-Retirement) (D-NHRS-2)* forms. I have read and understand the information on both sides of this form.

Member’s Name \_\_\_\_\_ Member’s Address \_\_\_\_\_

Member’s Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ by \_\_\_\_\_  
Date Member’s Name

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Signature of Person Taking Acknowledgment
Title (Notary Public or Justice of the Peace)
Expiration Date
*Affix Seal*

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