

# Designation or Change of Beneficiary for Pension Contributions Form (BEN-1)

**Please read prior to submitting this form.**

**This form is used to pay your designated beneficiary the balance of your pension contributions plus any accumulated interest upon your passing.**

This applies to:

- active employees;
- inactive employees who have not withdrawn their pension contributions;
- individuals with a vested right to a pension with no eligible survivor; or
- pensioners who have been retired **less** than 2 years and **MAY** have remaining contributions

**The balance of your pension contributions plus interest are disbursed in the event of your death.** You should designate a beneficiary to receive a payout of your pension contributions when there is no eligible survivor.

You should never name yourself as a beneficiary. If it is your intention to have the monies paid to your Estate or a Trust that is already established, you should indicate the name and the tax ID number for the Estate or Trust, not your personal information.

The form must have either a manual signature or a certified digital signature with a time and date stamp.

**This form is not for retirees who have been on pension more than 2 years.**

This form is for pension contributions only. A separate form is available for retirees to designate a burial benefit beneficiary.

If you are trying to change your named beneficiaries for the burial benefit, please do one of the following:

- Contact the Office of Pensions and request the Burial Benefit Designation Form.
- Navigate to the Retiree Forms List on the website and choose this form.



Burial Benefit Designation / Change of  
Beneficiary Form (Form GL)



# STATE OF DELAWARE OFFICE OF PENSIONS

## DESIGNATE OR CHANGE BENEFICIARY FOR PENSION CONTRIBUTIONS

PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS

Name (Print): \_\_\_\_\_ Pension ID, Employee ID or SSN: \_\_\_\_\_

**Please complete form in its entirety and return to the Pension Office. Incomplete forms may be rejected.**

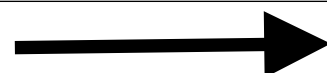
### PENSION PLAN (Check One):

State Employees'	State Police	Judiciary	Legislators'
C/M Police/Fire	C/M General	(Vol) Fire	Port

I hereby **revoke any previous beneficiary(ies) designation** of my pension contributions. I direct that any excess amount of my accumulated pension contributions, with interest, be paid to the living beneficiary(ies) as designated. When completing this form, **at least one Primary beneficiary** must be designated. If more than one beneficiary is designated, unless primary and secondary is noted, I understand payment will be made in equal shares, **unless otherwise specified**. If no designated or living beneficiary, for all or any part of the death benefit, the death benefit will be payable to my estate. (See page 2 for additional information.)

<b>Primary</b>	<b>Gender:</b>	<b>M</b>	<b>F</b>
Full Name of Individual, Funeral Home or Organization: _____			
Date of Birth: _____ SSN / EIN: _____ Relationship: _____			
Mailing Address: _____			
Optional Contact Information (Telephone/Email): _____ / _____			
<b>Primary</b>	<b>Secondary</b>	<b>(Choose one – Secondary receives money if Primary deceased)</b>	
<b>Gender:</b>	<b>M</b>	<b>F</b>	
Full Name of Individual, Funeral Home or Organization: _____			
Date of Birth: _____ SSN / EIN: _____ Relationship: _____			
Mailing Address: _____			
Optional Contact Information (Telephone/Email): _____ / _____			
<b>Primary</b>	<b>Secondary</b>	<b>(Choose one – Secondary receives money if Primary deceased)</b>	
<b>Gender:</b>	<b>M</b>	<b>F</b>	
Full Name of Individual, Funeral Home or Organization: _____			
Date of Birth: _____ SSN / EIN: _____ Relationship: _____			
Mailing Address: _____			
Optional Contact Information (Telephone/Email): _____ / _____			
<b>Primary</b>	<b>Secondary</b>	<b>(Choose one – Secondary receives money if Primary deceased)</b>	
<b>Gender:</b>	<b>M</b>	<b>F</b>	
Full Name of Individual, Funeral Home or Organization: _____			
Date of Birth: _____ SSN / EIN: _____ Relationship: _____			
Mailing Address: _____			
Optional Contact Information (Telephone/Email): _____ / _____			

COMPLETE AND SIGN ON PAGE 2



<b>Primary</b>	<b>Secondary</b>	<b>(Choose one – Secondary receives money if Primary deceased)</b>	<b>Gender:</b>	<b>M</b>	<b>F</b>
Full Name of Individual, Funeral Home or Organization: _____					
Date of Birth: _____ SSN / EIN: _____ Relationship: _____					
Mailing Address: _____					
Optional Contact Information (Telephone/Email): _____ / _____					

<b>Primary</b>	<b>Secondary</b>	<b>(Choose one – Secondary receives money if Primary deceased)</b>	<b>Gender:</b>	<b>M</b>	<b>F</b>
Full Name of Individual, Funeral Home or Organization: _____					
Date of Birth: _____ SSN / EIN: _____ Relationship: _____					
Mailing Address: _____					
Optional Contact Information (Telephone/Email): _____ / _____					

By signature below, I hereby **revoke any previous beneficiary(ies) designation** of my pension contributions.

X

**SIGNATURE**
**DATE**

<b>Important Information/Terminology</b>
<ul style="list-style-type: none"> <li><b>To be accepted, this form must include:</b> <ul style="list-style-type: none"> <li><b>A primary beneficiary, either a person, funeral home, organization or your estate</b></li> <li><b>Complete information for each beneficiary including SSN/EIN for each beneficiary</b></li> <li><b>Signature and Date</b></li> </ul> </li> <li><b>Unpaid Pension Contributions:</b> Amount of the unpaid pension contributions plus interest through date of death if no eligible survivor entitled to receive a survivor pension under my Plan.</li> <li><b>Priority of eligible survivors</b> can be found on the Office of Pensions website under Retirees/State Employee Pension Benefits/Survivor Benefits.</li> <li><b>EIN:</b> Employer Identification Number, also known as the Federal Tax Identification Number, is a number assigned by the IRS to business entities/charities. You will need the EIN if you are designating a charity, for example, to receive your contributions.</li> </ul>