

## NOTICE OF CHANGE IN STATUTORY STANDARD SEQUENCE

The purpose of this notice is to inform you of legislation effective April 5, 2008, that changes the "Standard Sequence" information printed on the beneficiary designation form that you are about to access.

**This statutory change does not have any effect on your rights to name the beneficiaries of your choice. Your death benefits will be paid according to the last valid beneficiary designation form that the Department receives prior to your death.**

This change applies to the benefits payable upon your death benefits **only** if your beneficiaries are determined under statutory standard sequence. Your beneficiaries will only be determined according to standard sequence if one of the following circumstances applies:

1. You have never filed a beneficiary designation form with the Department, **or**
2. You designated "Standard Sequence" on the last beneficiary designation form the Department receives from you prior to your date of death, **or**
3. All of the beneficiaries you named on the last beneficiary designation we receive from you prior to your date of death are already deceased when you die.

The new statutory standard sequence became effective on April 5, 2008, and applies to deaths that occur on or after that date. Under standard sequence, death benefits are paid in equal shares to the living persons in the lowest-numbered group below. The new standard sequence is as follows:

**Group 1. Surviving spouse**

**Group 2. Children:** If one of your children dies before you, that child's share is divided between the deceased child's children.

**Group 3. Grandchildren:** If one of your grandchildren dies before you, that grandchild's share is divided between the deceased grandchild's children.

**Group 4. Parents**

**Group 5. Siblings:** If one of your siblings dies before you, that sibling's share is divided between the deceased sibling's children.

**Group 6. Estate:** If there is no living person in any of the groups listed above, your death benefits would be paid to your estate.

If you have any questions about this information, you can call the Department at 266-3285 (local Madison) or toll-free at 877-533-5020.

[Proceed to Form](#)

**BENEFICIARY DESIGNATION - ALTERNATE**

*Wis. Stat. § 40.02 (8) (a) and 40.74*

**REFER TO INSTRUCTIONS ON REVERSE**

**Do Not Submit  
To Your Employer**

OFFICE USE ONLY	
Beneficiary of	
Alternate Payee of:	

TYPE OR PRINT IN INK

<b>YOUR NAME</b> Last First Middle Maiden	<b>Your Social Security Number</b>
Address No. and Street	<b>Your Birthdate (MM/DD/CCYY)</b>
City State Zip Code	<b>Your Weekday Telephone No. (Include area code)</b>

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 Last, First, Middle	Gender M/F	Relationship	Birthdate (MM/DD/CCYY)	Soc. Sec. No.	Address Street, City, State, Zip
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 Last, First, Middle	Gender M/F	Relationship	Birthdate (MM/DD/CCYY)	Soc. Sec. No.	Address Street, City, State, Zip	
ALTERNATE PRIMARY	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 Last, First, Middle	Gender M/F	Relationship	Birthdate (MM/DD/CCYY)	Soc. Sec. No.	Address Street, City, State, Zip
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 Last, First, Middle	Gender M/F	Relationship	Birthdate (MM/DD/CCYY)	Soc. Sec. No.	Address Street, City, State, Zip	
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 Last, First, Middle	Gender M/F	Relationship	Birthdate (MM/DD/CCYY)	Soc. Sec. No.	Address Street, City, State, Zip	

SECONDARY	In the event the 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 Last, First, Middle	Gender M/F	Relationship	Birthdate (MM/DD/CCYY)	Soc. Sec. No.	Address Street, City, State, Zip
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 Last, First, Middle	Gender M/F	Relationship	Birthdate (MM/DD/CCYY)	Soc. Sec. No.	Address Street, City, State, Zip	
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 Last, First, Middle	Gender M/F	Relationship	Birthdate (MM/DD/CCYY)	Soc. Sec. No.	Address Street, City, State, Zip
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 Last, First, Middle	Gender M/F	Relationship	Birthdate (MM/DD/CCYY)	Soc. Sec. No.	Address Street, City, State, Zip	
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.

**NOTE**

**SIGN AND DATE AT THE BOTTOM OF THE NEXT PAGE.  
DO NOT DETACH PAGES OR ALTER THIS FORM.**

**NOTE**

<b>SIGN</b>	Signature (Do not print)	Date Signed (MM/DD/CCYY)	<b>DATE</b>
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**NOTE:** The date the form is signed is not the date it becomes effective. A *Beneficiary Designation* form does not become effective until received by the Department of Employee Trust Funds, assuming that it is approved. The person filing the designation must still be alive when the Department 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 FORM AND 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 the Department of Employee Trust Funds.*

## WHO COMPLETES A BENEFICIARY DESIGNATION

If you are the owner of a Wisconsin Retirement System (WRS) 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

**Objective.** 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 required.** Clarity is necessary when you complete a *Beneficiary Designation* form, in order to avoid any questions as to your intent. Department 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 is important.** 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 this Department 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*. Forms leaving these blank may be rejected.

**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.

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

**Submit the form to the Department of Employee Trust Funds 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 this Department will apply to the benefits payable upon your death from all benefit plans and accounts administered by this Department. You may designate beneficiaries for separate benefit plans and WRS accounts. Separate benefit plans are life insurance and Wisconsin Retirement System benefits. This does not include benefits from the Deferred Compensation Program. The separate WRS accounts you may hold are your own account and/or those you may own as a beneficiary or an alternate payee.

If you wish to designate different beneficiaries for separate benefit plans or accounts, please contact the department toll free at 1-877-533-5020,

(608) 266-3285 (local Madison) or (414) 227-4294 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 which 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 the Department of Employee Trust Funds does not apply to any life insurance program not administered by our department.

**When effective or invalid.** Once a properly completed *Beneficiary Designation* is received and approved by our Department, 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 the Department 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 an amount or 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%. If you specify amounts to be paid to primary and/or secondary beneficiaries, the amounts at each level must total the full amount payable. (Please note that while it may be possible to specify dollar amounts for life insurance benefits, it is unrealistic to enter specific dollar amounts for WRS death benefits because the amount payable will continuously change.)

## OPTIONS AVAILABLE FOR DESIGNATING A BENEFICIARY

**Naming standard sequence.** Currently, under standard sequence established 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. Widow or Widower

Group 2. Children (natural children or legally adopted). If at least one child survives the participant, the share of any deceased child is payable to the surviving spouse of the child or to the surviving children of the child if there is no spouse, otherwise to the other children in this group. The beneficiaries in Group #2 will include all of your marital or non-marital children (or grandchildren when applicable) whether the child's date of birth is before or after your

date of death. Non-marital children and grandchildren are included as long as any relevant paternity is established.

Group 3. Grandchild or Grandchildren

Group 4. Parent(s)

Group 5. Brother(s) and Sister(s)

If there are no survivors in Groups 1 through 5 above, 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.** If you designate your estate you restrict the distribution of your funds to a lump sum payment made payable to your estate and further distribution will be determined by your will, or Wisconsin's intestacy laws if you leave no will.

If you want to name your estate as beneficiary, simply enter the word “estate” on the *Beneficiary Designation* form. Do not include the name of your personal representative or the executor. The benefit will be made payable to your estate. It will be the responsibility of your executor to distribute the check.

**Naming a trust.** Under the statutes you can name a **living trust** or a **testamentary trust** as your beneficiary. The specific name of the trust is usually identified by reference to the purpose, the creator or the primary beneficiary such as “Trust for . . .” or “Trust of . . .”

**Living trust.** A living trust can be set up at a bank or other financial institution. The implications of setting up a living trust, including the tax consequences, should be discussed with representatives of the institution where you are setting up the trust

A living trust must include the following: 1) the specific name of the trust, 2) the date the trust was created, 3) the name of the trustee, 4) followed by the word “trustee,” and 5) the trustee's address.

THE LIVING TRUST OF JANE J. SMITH, 01/01/1998		
JANE J. SMITH, TRUSTEE		
ALBERT J. DOE, SUCCESSOR TRUSTEE, 123 MAIN STREET, ANYTOWN, WI 53000		

WISCONSIN DEPARTMENT OF EMPLOYEE TRUST FUNDS  
P.O. BOX 7931  
Madison, Wisconsin 53707-7931

## BENEFICIARY DESIGNATION - ALTERNATE

*Wis. Stat. § 40.02 (8) (a) and 40.74*

**(REFER TO INSTRUCTIONS ON REVERSE)**

Beneficiary of
Alternate Payee of:

TYPE OR PRINT IN INK

<b>YOUR NAME</b> Last Doe First John Middle I. W. Maiden	<b>Your Social Security Number</b> 123-45-6789
Address No. and Street 1234 Elm Street	<b>Your Birthdate</b> (MM/DD/CCYY) 02/14/1925
City Anytown State WI Zip Code 54321	<b>Your Weekday Telephone No. (Include area code)</b> (123) 456-7890

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.

<b>PRIMARY</b>	Name <i>Last, First, Middle</i>	Gender <i>M/F</i>	Relationship	Birthdate	Soc. Sec. No.	Address <i>Street, City, State, Zip</i>
	Doe, Bill A.	M	Son	02/12/1948	01-31-6678	1213 Oak St., Anytown, WI 54310
	Doe-Brown, Mary L.	F	Daughter	02/18/1949	987-65-4321	321 Birch Ave., Anywhere, WI 54310
If the aforesaid Bill A. Doe (name) dies before me, the benefit which would have been payable to them shall be paid in equal share to those listed below.						
<b>ALTERNATE</b>	Name <i>Last, First, Middle</i>	Gender <i>M/F</i>	Relationship	Birthdate	Soc. Sec. No.	Address <i>Street, City, State, Zip</i>
	Doe, David B.	M	Grandson	03/05/1964	234-56-7891	234 Maple St., Tree, WI 54329
	Doe, Steve P.	M	Grandson	02/18/1969	345-67-8912	524 Tree Lane, Oak, WI 54123
	Doe, Betsy A.	F	Granddaughter	11/12/1967	456-78-9123	687 Flag Rd., Pole, WI 54213
If the aforesaid Mary L. Doe-Brown (name) dies before me, the benefit which would have been payable to them shall be paid in equal shares to those listed below.						
	Name <i>Last, First, Middle</i>	Gender <i>M/F</i>	Relationship	Birthdate	Soc. Sec. No.	Address <i>Street, City, State, Zip</i>
	Doe-Brown, Jennifer	F	Granddaughter	01/19/1965	659-78-9123	987 Penny Lane, Cents, WI 54310
<b>This designation applies to all WRS benefit plans and accounts unless otherwise specified below.</b> (See “EFFECTIVE FOR ALL BENEFIT PLANS AND ACCOUNTS” section on the cover sheet before completing this section.)						