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Toll-Free: (800) 821-2251

alaska.gov/drb

Spousal Waiver of Death Benefits

FOR	OFFICE	USE	ONLY
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Division of Retirement and Benefits P.O. Box 110203 Juneau, AK 99811-0203 Juneau: (907) 465-4460 TDD: (907) 465-2805 Fax: (907) 465-3086

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SECTION I – MEMBER INFORMATION

Please indicate your retirement system:	Public Employees' Retirement System (PEF	RS) Teachers' Retirement System (TRS)
	Elected Public Officers' Retirement System	n (EPORS) Judicial Retirement System (JRS)
Name (First, Middle, Last)	Social Security Number	
Mailing Address (Street or P.O. Box, City, S	ate, ZIP+4)	Daytime Telephone Number

SECTION II – INSTRUCTIONS

If you are MARRIED, your spouse is automatically your 100% primary beneficiary unless he or she consents to another beneficiary. Your spouse's written consent may be waived if:

- · You were not married to your spouse during any part of your PERS or TRS employment;
- · You have been married for less than two years and you have established that you and your spouse are not living together; or
- Your spouse cannot be located.

Your spouse may waive entitlement to benefits by completing and signing the Spousal Waiver below before a notary public or other authorized person.

SECTION III - SPOUSE'S CONSENT

I,, am the legal spouse of I understand that I am entitled to death benefits that will be paid if my spouse dies. I have reviewed the Occupat described in the PERS and TRS handbooks. I understand that, depending on my spouse's death, I may be eligible or monthly benefits for the rest of my life and that major medical insurance will be available to me and my eligible monthly benefits. By signing this consent, I am waiving my right to any benefits that would be paid to me, and consent to p	le to receive either a lump sum benefit dependents while I am receiving
Signature	Date
SIGNATURE WITNESSED BY NOTARY PUBLIC	
Printed Name	Date
Signature	
	NOTARY SEAL
State of Commission Expires	REQUIRED
Type of identification provided by spouse: Driver's License State-Issued ID Pas	ssport D