

INSTRUCTIONS FOR COMPLETING DESIGNATION OF BENEFICIARY ERS FORM 1-A CONTRIBUTORY / HYBRID PLAN

ERS Form 1-A (Rev. 05/2015) allows you to designate a beneficiary for certain benefits payable by the Employees' Retirement System (ERS) if you die before you retire.

DESIGNATION INSTRUCTIONS

Caution: If you want your beneficiary to have a choice between an Ordinary Death Benefit (single lump sum payment) OR a lifetime pension (if retirement eligibility requirements are met), you should designate only **one** beneficiary who must be a natural person. **A trust, estate, and multiple beneficiaries are not eligible to receive a lifetime pension. Health coverage may also be affected by not designating one natural person.** For more information on health coverage, please contact the Hawaii Employer-Union Health Benefits Trust Fund (EUTF) or the Voluntary Employees Beneficiary Trust (VEBA).

If there is more than one beneficiary, all of the beneficiaries must be natural persons. Trusts and estates can only be sole beneficiaries. Unless you provide clear instructions on this form to the contrary, **any lump sum benefit will be shared equally among the beneficiaries and the beneficiaries will have rights of survivorship.** For example: if there are two beneficiaries and both beneficiaries survive you, they will each receive one-half of any benefit; if only one of the beneficiaries survives you, that beneficiary will receive 100% of any lump sum benefit. If you want your beneficiaries to have unequal shares, you must state the percentage share of each beneficiary and the shares must add up to 100%. If your beneficiaries have unequal shares and one of the beneficiaries dies, the lump sum shares of the remaining beneficiaries will increase proportionately. For example, if there are three beneficiaries, one with a 50% share and the other two with a 25% share each, and one of the beneficiaries with a 25% share dies, the shares of the surviving beneficiaries will be 66.67% and 33.33%.

Trust: If you specify a trust, the exact name and date of the trust should be indicated.

EFFECT OF MARRIAGE; ENTRY INTO RECIPROCAL BENEFICIARY RELATIONSHIP; DIVORCE; TERMINATION OF RECIPROCAL BENEFICIARY RELATIONSHIP; OR DEATH OF BENEFICIARIES

Section 88-93 of the Hawaii Revised Statutes specifies that beneficiary designations become null and void when:

- 1) the beneficiary predeceases the member or former employee;
- 2) the member or former employee is divorced from the beneficiary;
- 3) the member or former employee is unmarried, and subsequently marries; or
- 4) the member or former employee enters into or terminates a reciprocal beneficiary relationship.

If any of the above occurs, except as provided in sections 88-84(b) and 88-338(b), HRS, and a new designation (ERS Form 1-A) is not filed with the ERS, benefits will be paid to the member's or former employee's estate.

ERS OFFICE LOCATIONS, PHONE NUMBERS, AND WEB SITE ADDRESS

If you have any questions, please contact the Enrollment, Claims, and Benefits branch of the ERS from 7:45 a.m. to 4:30 p.m., Monday through Friday, except on State Holidays.

| | | | |
|------------------|---|--------------------------------------|---|
| Oahu | City Financial Tower 201 Merchant Street, Suite 1400 Honolulu, Hawaii 96813 | Benefits Branch: | (808) 586-1735 |
| Hawaii | 101 Aupuni Street, Suite 208 Hilo, Hawaii 96720 | Hawaii Office: Toll-Free to Oahu: | (808) 974-4076 or 974-4077 (808) 974-4000, extension 61735 |
| Kauai | 3060 Eiwa Street, Room 302 Lihue, Hawaii 96766 | Kauai Office: Toll-Free to Oahu: | (808) 274-3010 or 274-3011 (808) 274-3141, extension 61735 |
| Maui | 54 S. High Street, Room 218 Wailuku, Hawaii 96793 | Maui Office: Toll-Free to Oahu: | (808) 984-8181 or 984-8282 (808) 984-2400, extension 61735 |
| Molokai/Lanai | | Maui Office: Toll-Free to Oahu: | (800) 468-4644, extension 48181 or 48282 (800) 468-4644, extension 61735 |
| Continental U.S. | | Toll-Free to Oahu: | (888) 659-0708 |
| Web site: | | | http://ers.ehawaii.gov |

ERS Form 1-A
Rev. 05/2015

STATE OF HAWAII
EMPLOYEES' RETIREMENT SYSTEM
City Financial Tower, 201 Merchant Street, Suite 1400, Honolulu, Hawaii 96813-2980
http://ers.ehawaii.gov

CONTRIBUTORY/HYBRID PLAN DESIGNATION OF BENEFICIARY

Name: _____ Social Security No.: _____ - _____ - _____
 (First) (M.I.) (Last)

Mailing Address: _____ Date of Birth: ____/____/____
 City/State: _____ Zip Code: _____ Department: _____

Check one: _____ Existing Member Home Phone: _____
 _____ New Member Cell Phone: _____
 _____ Former Employee Business Phone: _____

Please read the instructions on the back of this form and the information below before completing and signing the Designation of Beneficiary, ERS Form 1-A

I, hereby designate the following beneficiary:

| Name | Social Security No. | Relationship | Birth Date | Address and Phone Number (including City, State and Zip Code) |
|------|---------------------|--------------|------------|---|
| | | | | |

If I die while in service or while on authorized leave without pay, I request the Board of Trustees ("the Board") of the Employees' Retirement System of the State of Hawaii ("ERS") to pay my beneficiary Ordinary Death Benefits under sections 88-84 and 88-338, Hawaii Revised Statutes, as amended (HRS). If I die after I terminate service, I request the Board to pay my beneficiary my accumulated contributions as provided by sections 88-96 and 88-341, HRS.

I understand that, if I die while in service and the Board determines that my death is an "accidental death" as the result of an accident in the performance of duty or due to an occupational hazard, the beneficiary that I designated will not receive Ordinary Death Benefits, instead, my beneficiary will be paid the accumulated contributions in my account with the ERS and my spouse or reciprocal beneficiary or minor children or my dependent parents will receive an Accidental Death Benefit, as provided by sections 88-85 and 88-339, HRS.

I authorize the Board to pay the beneficiary whom I have designated, and I agree, on behalf of my heirs and assigns, that payment so made will be a complete discharge of the claim and will release the ERS and the Board from any further obligation on account of the benefit. I acknowledge and direct that, if I survive my beneficiary, the amount that would have been payable to my beneficiary will be paid to my estate unless I execute and file with the Board another written designation of beneficiary or unless section 88-84(b) or 88-338(b), HRS, requires payment to my spouse, reciprocal beneficiary, or minor children.

MEMBER SIGNATURE _____ Date _____

(You must sign this document in the presence of an Employees' Retirement System (ERS) representative OR Notary as certified on Page 2.)

ERS Representative _____

CONTRIBUTORY/HYBRID PLAN DESIGNATION OF BENEFICIARY

The Notary Certification below is required if not signed in the presence of an ERS representative

State of Hawaii)
) SS.
City and County of _____)

On this _____ day of _____, 20____ personally appeared before me the said named _____ to me known and known to me to be the person described in and who executed the foregoing instrument and who acknowledged such execution as being a free and voluntary act and deed.

Affix your
Official Seal

Notary Public, State of Hawaii
My commission expires _____

NOTARY CERTIFICATION

Doc. Date: _____ # Pages: _____

Document Description: Contributory/Hybrid Plan Designation of Beneficiary

Notary Name: _____ Circuit

Notary Signature

Date