

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

Form 1-A (Rev. 03/09) 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 a 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 (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://www4.hawaii.gov/ers

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