ERS-182 Rev. 3/2018

(Circle one)

## EMPLOYEES' RETIREMENT SYSTEM OF THE STATE OF HAWAII

201 Merchant Street, Suite 1400 Honolulu, Hawaii 96813-2980

Phone: (808) 586-1735 or 1-800-468-4644 extension 61735 (neighbor islands)

## SPOUSAL/CIVIL UNION PARTNER/RECIPROCAL BENEFICIARY NOTIFICATION FORM

The Employees' Retirement System (ERS) of the State of Hawaii must furnish written notification to a member's spouse, civil union partner, or reciprocal beneficiary regarding a member's retirement.

In order to comply with this requirement, you must provide the ERS with information relating to relationship status. This form must be returned to our office prior to your retirement date; otherwise, your initial pension check may be delayed.

Relationship Status:	Married	Civil Union Partner	Reciprocal Beneficiary	Single
		partner, or reciprocal ben e, civil union partner, or r	eficiary, you must also provide eciprocal beneficiary.	de the name
(Please print) NAME:				
	(Nar	ne of Spouse/Civil Union	Partner/Reciprocal Beneficia	ary)
MAILING ADDRES	SS:			
<ul><li>and designate</li><li>My option sel</li></ul>	d my spouse/ lection shall n	civil union partner/recipro not take effect unless I fur	(or combination thereof) or ocal beneficiary as the primarnish the proper information. d and will not be liable for an	ry beneficiary.
Signature:		SS	SN:	
Print Name:		Re	tirement Date:	
□ Representative: If s	signing as Pow	vers of Attorney (POA) Age	nt(s), Guardian, or Conservator,	please check

the box; and submit a copy of the document authorizing you to act in this capacity.