



**West Virginia
Consolidated Public Retirement Board (CPRB)**

601 57th Street SE, Suite 5
Charleston, WV 25304
304-558-3570 or 800-654-4406
www.wvretirement.com

**Natural Resources
Police Officers
Retirement System (NRPORS)**

**Pre-Retirement
Beneficiary Designation**

This form is not valid unless it is completed correctly and received by CPRB prior to death. You must sign and date this form and a witness must also sign this form or it will not be accepted by CPRB. Note: Once accepted by CPRB, this form supersedes any and all prior Beneficiary Designations for you under NRPORS. This form is not valid for anyone who has commenced retirement in NRPORS, including retirees who have returned to work for a NRPORS participating employer. Please print legibly and use blue ink. The original completed form must be mailed to the address above. Copied, faxed, or emailed forms are considered INVALID and will be rejected.

Section 1: Member Information

| | | | |
|-----------------|-----------------------|-------------------------|---------------|
| Member Name | SSN | CPRB ID (if known) | Date of Birth |
| Mailing Address | City | State | Zip Code |
| Email Address | Home Telephone Number | Mobile Telephone Number | |

Section 2: Less Than 10 Years of Contributory Service Complete this section if you have less than 10 years of contributory service. WV Code § 20-18-20(e)

If you have less than 10 years of contributory service, you may name a beneficiary or beneficiaries to receive a lump-sum payment of your accumulated contributions upon your death. If no beneficiary is named, your accumulated contributions shall be paid to your estate. If you wish to name multiple primary and/or secondary beneficiaries and need more space than is provided, attach to this form a sheet of paper with your name and social security number, and include all beneficiary information required below, whether the beneficiary is to be Primary or Secondary, plus the distribution percentage each is to receive.

As you pass the 10 years of contributory service threshold, you must re-evaluate your beneficiary designation. If you are married with more than 10 years of contributory service at the time of your death, state law requires CPRB to pay your surviving spouse, dependent child(ren), dependent parent(s), or other beneficiaries as described in Section 3 of this form.

If you have 10 or more years of contributory service, skip to Section 3.

| | | | | | |
|-----------------------|--|--------------|-----|---------------|-----------------|
| Beneficiary Full Name | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary | Relationship | SSN | Date of Birth | Percentage % |
| Beneficiary Full Name | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary | Relationship | SSN | Date of Birth | Percentage % |
| Beneficiary Full Name | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary | Relationship | SSN | Date of Birth | Percentage % |
| Beneficiary Full Name | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary | Relationship | SSN | Date of Birth | Percentage % |

Important note to NRPORS members with less than 10 years of contributory service:

After completing the above information, be sure to sign and date this form in Section 4 on the next page, have your signature witnessed by someone other than a named beneficiary, and return this completed form to CPRB at the above address.

Section 3: 10 or More Years of Contributory Service Complete this section if you have 10 or more years of contributory service. WV Code §§ 20-18-25 & 20-18-26

If you are married, your surviving spouse is your primary beneficiary if you have 10 or more years of contributory service OR die due to causes specified in WV Code §§ 20-18-25 & 20-18-26.

Spouse Information - "Spouse" means the person to whom a member is legally married.

| | | | |
|-----------------------|-----|---------------|------------------|
| Surviving Spouse Name | SSN | Date of Birth | Telephone Number |
|-----------------------|-----|---------------|------------------|

Section 3 is continued on the next page.

| | | |
|-------------|-----|--------------------|
| Member Name | SSN | CPRB ID (If known) |
|-------------|-----|--------------------|

Section 3: 10 or More Years of Contributory Service *Continued*

WV Code § 20-18-27

If you have no surviving spouse, any dependent child surviving you will be a primary beneficiary.

“Dependent child” means either:

- (1) An unmarried person under age 18 who is:
 - (A) A natural child of the member;
 - (B) A legally adopted child of the member;
 - (C) A child who at the time of the member's death was living with the member while the member was an adopting parent during any period of probation; or
 - (D) A stepchild of the member residing in the member's household at the time of the member's death; OR
- (2) Any unmarried child under age 23:
 - (A) Who is enrolled as a full-time student in an accredited college or university;
 - (B) Who was claimed as a dependent by the member for federal income tax purposes at the time of the member's death; and
 - (C) Whose relationship with the member is described in subparagraph (A), (B) or (C), of paragraph (1) above.

If additional space is necessary, please attach a sheet of paper with your name, SSN, and dependent child information as outlined below.

Dependent Child Information - Adult children who do not meet the definition of dependent child should not be named in this section.

| | | |
|----------------------|-----|---------------|
| Dependent Child Name | SSN | Date of Birth |
| Dependent Child Name | SSN | Date of Birth |
| Dependent Child Name | SSN | Date of Birth |

If you have no surviving spouse or dependent children, any dependent parent surviving you will be a primary beneficiary. "Dependent parent" means the father or mother of the member who was claimed as a dependent by the member for federal income tax purposes at the time of the member's death.

If additional space is necessary, please attach a sheet of paper with your name, SSN, and dependent parent information as outlined below.

Dependent Parent Information - A parent who does not meet the definition of dependent parent should not be named in this section.

| | | |
|-----------------------|-----|---------------|
| Dependent Parent Name | SSN | Date of Birth |
|-----------------------|-----|---------------|

If you have no surviving spouse, dependent child(ren), nor dependent parent(s) at the time of your death, your accumulated contributions shall be paid to a named beneficiary or beneficiaries. If additional space is necessary, please attach a sheet of paper with your name, SSN, and all beneficiary information required below, whether the beneficiary is to be Primary or Secondary, plus the percent of the distribution each is to receive. **If you wish to name adult children or parents who are not "dependent" as defined above as your beneficiary, you should do so in this section.**

Other Beneficiary Information

| | | | | | |
|-----------------------|--|--------------|-----|---------------|-----------------|
| Beneficiary Full Name | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary | Relationship | SSN | Date of Birth | Percentage % |
| Beneficiary Full Name | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary | Relationship | SSN | Date of Birth | Percentage % |
| Beneficiary Full Name | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary | Relationship | SSN | Date of Birth | Percentage % |

If you have no surviving spouse, dependent child, dependent parent, or named beneficiary at the time of your death, your accumulated contributions will be paid to your estate. You should re-evaluate your beneficiary designations upon attaining 10 years of contributory service and with any family or life change including marriage, divorce, birth of new child, change in dependency status of your child, and death of a named beneficiary. If at any time you wish to change your beneficiary, complete a new NRPORS Pre-Retirement Beneficiary Designation form, and return it to CPRB at the address on Page 1. Retain a copy of this document for your records.

Section 4: Signature - REQUIRED

| | | |
|----------------------|-------------------|----------------|
| Member Printed Name | Member Signature | Date Signed |
| Witness Printed Name | Witness Signature | Date Witnessed |

Witness Mailing Address

Please be advised, this form must be signed and dated by the member and witness on the same date or it will be rejected by CPRB.