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 PSRS- 1253 (07/2019)

Nomination of Beneficiaries Addendum



Mail Center

This form is to be used in conjunction with a *Nomination of Beneficiaries* form (PSRS-187). List the first four Primary and/or Secondary Beneficiaries on the *Nomination of Beneficiaries* form. Any additional Primary and/or Secondary Beneficiaries should appear on this form. Do not duplicate the names of your beneficiaries listed on your *Nomination of Beneficiaries* form on this *Addendum*.

A. PRIMARY BENEFICIARY(IES)

Percent	Name (first, middle, last)	Social Security Number	Date of Birth	Gender	Address (street, city, state, zip)

B. SECONDARY BENEFICIARY(IES)

Order/ Percent	Name (first, middle, last)	Social Security Number	Date of Birth	Gender	Address (street, city, state, zip)

C. GUARDIAN

(1) Guardian's Name (first, middle, last)	(2) Guardian's Address (street, city, state, zip)	(3) Name(s) of Minor Beneficiary(ies)

D. CERTIFICATION

Member's Signature	Member's Social Security Number	Date of Signature						
		<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">Month</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Day</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Year</td> </tr> <tr> <td style="border: 1px solid black; height: 15px;"></td> <td style="border: 1px solid black; height: 15px;"></td> <td style="border: 1px solid black; height: 15px;"></td> </tr> </table>	Month	Day	Year			
Month	Day	Year						