



# GOVERNMENT EMPLOYEES RETIREMENT SYSTEM

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## REQUEST FOR CHANGE OF BENEFICIARY

Active  Retiree

Employee No. \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone No. \_\_\_\_\_

In accordance with the provision of the law governing the Employees Retirement System of the Government of the Virgin Islands, I, \_\_\_\_\_, designate the following as my beneficiary or beneficiaries in the event of my death:

(1) \_\_\_\_\_  
(Print Name in full) (Beneficiary's date of birth) (Beneficiary's SSN) (Relationship)  
whose address is: \_\_\_\_\_

(2) \_\_\_\_\_  
(Print Name in full) (Beneficiary's date of birth) (Beneficiary's SSN) (Relationship)  
whose address is: \_\_\_\_\_

(3) \_\_\_\_\_  
(Print Name in full) (Beneficiary's date of birth) (Beneficiary's SSN) (Relationship)  
whose address is: \_\_\_\_\_

(4) \_\_\_\_\_  
(Print Name in full) (Beneficiary's date of birth) (Beneficiary's SSN) (Relationship)  
whose address is: \_\_\_\_\_

In the event the foregoing named person(s) do not survive me, my beneficiary shall be:

(1) \_\_\_\_\_  
(Print Name in full) (Beneficiary's date of birth) (Beneficiary's SSN) (Relationship)  
whose address is: \_\_\_\_\_

*If more than one beneficiary is named, the benefit is to be paid equally or on the survivor basis. Any prior designation of beneficiary filed by me is hereby revoked.*

*If the beneficiary or beneficiaries herein nominated shall not survive me and no other written nomination shall have been filed by me with the System, then the beneficiary shall be in the order named: (a) my spouse; (b) my children and descendants thereof by representation; or (c) my parents.*

*The system is hereby requested and directed to make this designation a part of my Membership Record.*

**Continued on the reverse side**

***I reserve the right to change my beneficiary at any time by filing with the Board of Trustees of the Employees Retirement System of the Government of the Virgin Islands, written notice of such change, duly acknowledged before a Notary Public.***

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Territory of the U.S. Virgin Islands    }  
District of                                    } ss:

On this \_\_\_\_\_ day of \_\_\_\_\_, before me personally appeared \_\_\_\_\_,  
known to be the individual whose named is subscribed in the foregoing instrument and acknowledge that \_\_\_\_\_  
executed the same as \_\_\_\_\_ free and voluntary act.

\_\_\_\_\_  
Notary Public

Commission Expires \_\_\_\_\_