



11410 SW 68th Parkway, Tigard OR 97223
Mailing Address – PO Box 23700, Tigard OR 97281-3700
Toll free – 888-320-7377 Fax – 503-598-0561
Website – <https://oregon.gov/pers>

IAP: Revocation of Spousal Consent of Beneficiary Designation

Important: Read instructions before you complete and submit enclosed forms.

General Instructions

- Print clearly in dark ink. Illegible or unsigned forms are void and will be returned.
- Fill in Section A: Member information completely. Providing the member’s Social Security number (SSN) is voluntary. It will be used for confirmation purposes. Failure to supply the SSN may delay processing. All other information is mandatory.
- Do not change anything on the form; alterations will void the form.
- Make sure any form requiring a notary is notarized.

Information

If a member of the Individual Account Program (IAP) is married at the time of death, or there exists at the time of death any other person who is constitutionally required to be treated in the same manner as a spouse for the purpose of retirement benefits, the spouse or other person shall be the beneficiary for purposes of the IAP death benefit unless:

1. the spouse or other person consents to the designation of a different beneficiary or beneficiaries before the designation of the different beneficiary is made.
2. the consent has not been revoked by the spouse or other person as of the time of the member’s death.

Consent by the spouse or other person to the designation of a different beneficiary or beneficiaries must be submitted to PERS on the [IAP Pre-Retirement Beneficiary Designation](#).

Revocation of the spousal consent must be submitted to PERS on the IAP: Revocation of Spousal Consent of Beneficiary Designation form.

If the member’s spouse is designated as the member’s beneficiary and the marriage of the member and spouse is subsequently dissolved, the former spouse shall be treated as predeceasing the member unless the member expressly designates the former spouse as beneficiary after the effective date of the dissolution or the former spouse is required to be designated as a beneficiary under the provisions of a court order.

If a member fails to designate a beneficiary or if the person or persons designated predecease the member, the death benefit provided for in this section shall be paid to the following person or persons in the following order of priority:

1. The member’s surviving spouse or other person who is constitutionally required to be treated in the same manner as a spouse;
2. The member’s surviving children, in equal shares; or
3. The member’s estate.

Important reminder

You must sign this form. If you do not, your revocation of spousal consent is void. The form will be rejected and returned to you.



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19923

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This form is strictly for the IAP. Call PERS or visit our website if this is not the form you need.

Section A: Member information (Type or print clearly in dark ink. Illegible forms may be returned to you. This could delay your request.)

First name		MI	Last name		PERS ID (optional)
Mailing address (street or PO box)					Social Security number (SSN)*
City		State	ZIP code	Country	Date of birth (mm/dd/yyyy)
Home phone number	Work phone number		Cell phone number	Personal email	

Section B: Revocation

As the spouse or other person constitutionally required to be treated in the same manner as the spouse of the member identified in Section A of this form, I hereby revoke my consent to the member’s designation of a beneficiary other than myself for the Individual Account Program pre-retirement death benefit payable under ORS 238A.410. I understand this revocation makes me the sole beneficiary for the Individual Account Program pre-retirement death benefit.

 Spouse signature (do not print)

 Date

(Spouse’s signature must be notarized in box below.)

Notary Public Use space for seal	State of	County of
	Signed before me on:	
	Applicant’s name	
	By (notary’s signature)	
	My commission expires	

*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form. In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling toll-free 888-320-7377, or TTY 503-603-7766.