



DESIGNATION OF BENEFICIARY

This form is not effective until received by TRS at the address above

Name of Member _____ Social Security No. _____
 (As it appears on TRS records)

I authorize TRS to issue to me a personal identification number (PIN) which may be used to access information through the automated telephone system. I authorize the release of any information regarding my account to anyone using my PIN. I understand that TRS will mail the PIN to the address on file for my account. Once mailed, TRS has no responsibility for the protection of the PIN. I understand that is my responsibility to prevent unauthorized use of the PIN.

If you do not want TRS to send you a PIN, check the box below:

No, do not send a PIN

NOTE: PLEASE CAREFULLY READ INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING THIS FORM

PRIMARY BENEFICIARY OR JOINT PRIMARY BENEFICIARIES

I hereby designate the following person(s) as my primary beneficiary(ies) to receive any death benefits or annuity payable under Option 3 or 4 under the Teacher Retirement System Law of the State of Texas (joint beneficiaries to share and share alike with right of survivorship only):

Name	Social Security No.	Date of Birth	Relationship	Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ALTERNATE BENEFICIARY OR JOINT ALTERNATE BENEFICIARIES

Only in the event I live longer than the primary beneficiary(ies) named above, I designate the following person(s) as my alternate beneficiary(ies) to receive any death benefit or annuity payable under Option 3 or 4 which may be due under the Teacher Retirement System Law of the State of Texas (joint alternate beneficiaries to share and share alike with right of survivorship only):

Name	Social Security No.	Date of Birth	Relationship	Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

STATE OF _____ COUNTY OF _____ Signature of Member _____

BEFORE ME, on this day personally appeared _____ known to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that this person executed the same for the purpose and consideration therein expressed.

GIVEN under my hand and official seal this the _____ day of _____, _____
 (Month) (Year)

(SEAL)

Signature of Notary Public _____ County _____ State _____

Participation in TRS provides valuable benefits payable at your death. You may designate the beneficiary(ies) to receive certain benefits by completing this form. Please read the entire form carefully as errors or omissions may invalidate the designation. If the designation is invalid or you do not designate a beneficiary, benefits will be paid as provided in Section 824.103 of the Texas Government Code.

DESIGNATION OF BENEFICIARY

- If your address has changed please notify TRS in writing.
- This form is not effective until received by TRS at the address listed on this form prior to your death. Your employer is **NOT** authorized to receive this form on behalf of TRS.
- No attachments may be made to the form. Any stipulation made on the form will void the entire form.
- Type or print your designation in ink with any correction initialed.
- When received by TRS, this form revokes any previous designation of beneficiary made by the member on a prescribed TRS form for the benefits affected by this form.
- This form does **NOT** revoke or change a beneficiary previously named under Option 1, 2, 5, Deferred Retirement Option Plan, or Partial Lump-Sum Option.
- A beneficiary designation in your will does not change the designation of beneficiary for TRS purposes.
- A divorce does not automatically revoke your former spouse as beneficiary.
- In the absence of a court-ordered guardian, the surviving parent will receive death benefits on behalf of a minor child designated as beneficiary.
- The designation of this form only affects the payment of death benefits and payments under Option 3 and 4 retirement plan.