



DESIGNATION OF BENEFICIARY

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

Address _____

City _____
 State, Zip _____

Name of School or College _____

Check here if this form is being used to report a change in your name. Give your new name on the line provided. _____

NOTE: The entire form must be completed before a name change can be made on TRS records.

PRIMARY BENEFICIARY OR JOINT PRIMARY BENEFICIARIES

I hereby designate the following person(s) as my primary beneficiary(ies) to receive any payments which may be due under the Teacher Retirement System Law of the State of Texas following my death Joint beneficiaries to 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 payments which may be due under the Teacher Retirement System Law of the State of Texas following my death Ooint alternate beneficiaries to share and share alike, with right of survivorship only):

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

No attachments may be made to the form. Any stipulation made on the form will void the entire form.

Signature of Member _____

STATE OF _____ COUNTY OF _____

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 _____, 19 _____

(SEAL)

Notary Public in and for _____ County _____ State _____

When received by the Teacher Retirement System, this form revokes any previous beneficiary designation made by the member on a prescribed Teacher Retirement System form.

PLEASE TYPE OR PRINT IN INK WITH CORRECTIONS OR WHITE OUTS INITIALED.