



EMPLOYEES RETIREMENT SYSTEM OF TEXAS

P. O. Box 13207, Austin, Texas 78711-3207

(512) 867-7711 or (877) 275-4377 (toll-free)



LIFE INSURANCE BENEFICIARY DESIGNATION (ACTIVE AND RETIREE)

AGENCY NAME \_\_\_\_\_ AGENCY NUMBER \_\_\_\_\_

Member Name (First, Middle Last) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth (mm-dd-yyyy) \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

PLEASE CHECK RETIREMENT ACCOUNT TYPE THAT APPLIES

Active  State Retiree  Hi-Ed Retiree  Elected Official Account  JRS I  JRS II

PRIMARY BENEFICIARY (Read Reverse Side Before Completing)

Beneficiary Name (First Middle Last & check P=person or E=estate) \_\_\_\_\_ Relationship (check one)  Spouse  Son  Daughter  Other \_\_\_\_\_ (specify) \_\_\_\_\_ Date of Birth (mm-dd-yyyy) \_\_\_\_\_

Social Security Number [ ][ ]-[ ][ ]-[ ][ ][ ][ ] (Required) Gender  M  F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

ALTERNATE BENEFICIARIES (Read Reverse Side Before Completing)

Beneficiary Name (First Middle Last & check P=person or E=estate) \_\_\_\_\_ Relationship (check one)  Spouse  Son  Daughter  Other \_\_\_\_\_ (specify) \_\_\_\_\_ Date of Birth (mm-dd-yyyy) \_\_\_\_\_

Social Security Number [ ][ ]-[ ][ ]-[ ][ ][ ][ ] (Required) Gender  M  F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

MULTIPLE BENEFICIARIES (Read Reverse Side Before Completing)

1. Beneficiary Name (First Middle Last & check P=person or E=estate) \_\_\_\_\_ Relationship (check one)  Spouse  Son  Daughter  Other \_\_\_\_\_ (specify) \_\_\_\_\_ Date of Birth (mm-dd-yyyy) \_\_\_\_\_

Social Security Number [ ][ ]-[ ][ ]-[ ][ ][ ][ ] (Required) Gender  M  F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Beneficiary Name (First Middle Last & check P=person or E=estate) \_\_\_\_\_ Relationship (check one)  Spouse  Son  Daughter  Other \_\_\_\_\_ (specify) \_\_\_\_\_ Date of Birth (mm-dd-yyyy) \_\_\_\_\_

Social Security Number [ ][ ]-[ ][ ]-[ ][ ][ ][ ] (Required) Gender  M  F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Beneficiary Name (First Middle Last & check P=person or E=estate) \_\_\_\_\_ Relationship (check one)  Spouse  Son  Daughter  Other \_\_\_\_\_ (specify) \_\_\_\_\_ Date of Birth (mm-dd-yyyy) \_\_\_\_\_

Social Security Number [ ][ ]-[ ][ ]-[ ][ ][ ][ ] (Required) Gender  M  F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

MEMBER SIGNATURE REQUIRED

This document revokes all prior designations for the account(s) indicated above.

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

WITNESS SIGNATURE REQUIRED

WITNESS CANNOT BE A BENEFICIARY OR RELATED TO MEMBER

Witness Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## LIFE INSURANCE BENEFICIARY DESIGNATION(S)

Information provided to the Employees Retirement System of Texas (ERS) is maintained for administration of your benefits. If you have questions about your information, or believe that information provided to ERS may be incorrect, please notify your benefits coordinator or ERS.

### GENERAL INFORMATION:

Not completing this form properly may invalidate your beneficiary designation and may result in nonpayment of life insurance benefits. This designation does not affect any other account(s) you may have with the Employees Retirement System of Texas.

### DESIGNATIONS: You may change your designation any time.

- ESTATE: Court documents showing your personal representative's authority will be required.
- BENEFICIARY LESS THAN 18 YEARS OF AGE: Letters of Guardianship for the estate of the minor will be required.
- PRIMARY BENEFICIARY: Proceeds will be paid to the individual named, if living, at the time of your death. To name more than one person as the *Primary* beneficiary, see Multiple Beneficiaries.
- ALTERNATE BENEFICIARY: If the Primary beneficiary is deceased at the time of your death, payments will be made to the individual named as the *Alternate* beneficiary. To name more than one person as the Alternate beneficiary, see Multiple Beneficiaries.
- MULTIPLE BENEFICIARIES: You may name more than one person as a beneficiary. Payments will be divided equally. If one beneficiary is deceased, that portion will be split between the surviving beneficiaries. If there is no surviving beneficiary, payments will be made in accordance with Texas Insurance Code. (If an attachment is required, it must be signed by you, dated, and witnessed.)

When naming *Multiple* beneficiaries as the *Primary* beneficiary, **do not complete any other section.**

### Examples of Acceptable Designation Combinations:

<b>Primary:</b>	1 Person	<b>Primary:</b>	1 Person	<b>Primary:</b>	1 Person
<b>Alternate:</b>	1 Person	<b>Alternate:</b>	Estate	<b>Alternate:</b>	(Leave Blank)
<b>Multiple:</b>	(Leave Blank)	<b>Multiple:</b>	(Leave Blank)	<b>Multiple:</b>	2/More Persons
<b>Primary:</b>	Estate	<b>Primary:</b>	(Leave Blank)		
<b>Alternate:</b>	(Leave Blank)	<b>Alternate:</b>	(Leave Blank)		
<b>Multiple:</b>	(Leave Blank)	<b>Multiple:</b>	2/more Persons		

### INSTRUCTIONS:

- **Print or type information required. DO NOT USE PENCIL.**
- **Initial any strike-through or corrected information. DO NOT USE CORRECTION FLUIDS.**
- **Have your signature witnessed by someone other than a relative or the named beneficiary.**