

LIFE INSURANCE BENEFICIARY DESIGNATION(S)

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:

Primary:	1 Person	Primary:	1 Person	Primary:	1 Person
Alternate:	1 Person	Alternate:	Estate	Alternate:	(Leave Blank)
Multiple:	(Leave Blank)	Multiple:	(Leave Blank)	Multiple:	2/More Persons
Primary:	Estate	Primary:	(Leave Blank)		
Alternate:	(Leave Blank)	Alternate:	(Leave Blank)		
Multiple:	(Leave Blank)	Multiple:	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.**



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 (joint 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 _____ (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.