



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)

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):

Table with 5 columns: Name, Social Security No., Date of Birth, Relationship, Address. Multiple rows for beneficiary information.

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):

Table with 5 columns: Name, Social Security No., Date of Birth, Relationship, Address. Multiple rows for alternate beneficiary information.

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)

Signature of Notary Public _____ County _____ State _____

(SEAL)

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