



# Beneficiary Designation

## YOUR INFORMATION

EMPLOYER NAME *			ACCOUNT NUMBER		
SSN *	FIRST NAME *	MIDDLE NAME	LAST NAME *		
MAILING ADDRESS *		CITY *	STATE *	ZIP *	
DATE OF BIRTH *	HOME PHONE		MOBILE PHONE		

## PRIMARY BENEFICIARY

A primary beneficiary is the first person to receive your benefit after your death.

SSN *	FIRST NAME *	MIDDLE NAME	LAST NAME *		
DATE OF BIRTH *	GENDER * <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP TO YOU *			

SSN *	FIRST NAME *	MIDDLE NAME	LAST NAME *		
DATE OF BIRTH *	GENDER * <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP TO YOU *			

## ALTERNATE BENEFICIARY

An alternate beneficiary receives your benefit if your primary beneficiary is not eligible.

SSN *	FIRST NAME *	MIDDLE NAME	LAST NAME *		
DATE OF BIRTH *	GENDER * <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP TO YOU *			

SSN *	FIRST NAME *	MIDDLE NAME	LAST NAME *		
DATE OF BIRTH *	GENDER * <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP TO YOU *			

To add additional beneficiaries or to designate a custodian for a minor, attach form TCDRS-95 ([www.TCDRS.org](http://www.TCDRS.org)).

**SURVIVOR BENEFIT** After 4 years of service, should you pass away before you retire, your beneficiary is eligible for either a lifetime benefit calculated using your account and employer matching or a withdrawal without the employer matching.

I do not want to allow my beneficiary to choose the withdrawal option.

**YOUR CERTIFICATION** For this account only, I revoke all previous beneficiary designations and request that any retirement benefit due after my death be paid to the beneficiary/beneficiaries designated on this form. Should a beneficiary die before me, or if I divorce a designated beneficiary, then that designation is revoked. A person who completes this form on behalf of another either as an attorney-in-fact (durable power of attorney) or as a custodian may not designate himself as a primary or alternate beneficiary.

SIGNATURE X	DATE
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\* **REQUIRED FIELDS**

Any corrections or whiteouts must be initialed.