

Please type or print giving complete information.

DESIGNATION OF PRIMARY BENEFICIARY(IES)

I, the undersigned, do hereby designate the following individuals as my primary beneficiary(ies) to whom I instruct the Board of Control of the Teachers' Retirement System of Alabama to pay, in the event of my death before retirement on pension, any preretirement death benefit and/or group term life insurance payments due upon my death:

Name: _____ Relationship: _____ Date of Birth: _____

Address: _____
Street or P. O. Box City State Zip Code

Name: _____ Relationship: _____ Date of Birth: _____

Address: _____
Street or P. O. Box City State Zip Code

DESIGNATION OF CONTINGENT BENEFICIARY(IES)

In the event the primary beneficiary(ies) designated above does **not** survive me, I hereby authorize the Teachers' Retirement System of Alabama to pay the benefits to the beneficiary(ies) named below:

Name: _____ Relationship: _____ Date of Birth: _____

Address: _____
Street or P. O. Box City State Zip Code

Name: _____ Relationship: _____ Date of Birth: _____

Address: _____
Street or P. O. Box City State Zip Code

I agree on behalf of myself, my heirs and assigns that payment so made shall be a complete discharge of the claim and shall constitute a release of the System from any further obligation on account of the benefit. I hereby direct that should I survive either or both of the before mentioned beneficiaries, the amount which otherwise would have been payable to the beneficiary had he/she been living shall be paid to my estate or to such other beneficiary as I shall hereafter nominate by written designation filed with the Teachers' Retirement System of Alabama in accordance with the rules and regulations prescribed by the Board of Control.

Signature of Applicant _____ **Date** _____

Please have your signature acknowledged before a Notary Public.

STATE OF ALABAMA, COUNTY OF _____

On this ____ day of _____, 20 ____, personally appeared before me the said named _____ to me known and known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged that he/she executed the same and being duly sworn by me, made oath that the statements in the application are true.

(Seal)

Signature of Notary Public _____

My Commission Expires _____