

CHANGE OF BENEFICIARY DROP ACCOUNT

Check One:

- ERS
- TRS

Retirement Systems of Alabama
 P. O. Box 302150 ♦ Montgomery, AL 36130-2150
 334-517-7000 or 877-517-0020
 www.rsa-al.gov

Instructions: Please print or type in black ink. Complete the Member Information, Beneficiary Change/Correction, and Member Authorization sections of this form. This form must be signed and notarized for changes to be activated. This form will not change retirement beneficiary.

DROP Participants ONLY

MEMBER INFORMATION (Must be completed in all cases)

Name: _____ Social Security No.: _____
First Middle/Maiden Last

Date of Birth: ____/____/____ Home Phone No.: (____) _____ Membership Status: DROP
 Post-DROP

DROP BENEFICIARY CHANGE/CORRECTION

Change to DROP Account Balance ONLY

DESIGNATION OF PRIMARY BENEFICIARY

Name: _____ Relationship: _____ Date of Birth: ____/____/____

_____-_____-_____- Address: _____
Social Security Number Street or P. O. Box City State Zip Code

DESIGNATION OF CONTINGENT BENEFICIARY

Contingent Beneficiaries will receive benefits only if all Primary Beneficiaries are deceased.

Name: _____ Relationship: _____ Date of Birth: ____/____/____

_____-_____-_____- Address: _____
Social Security Number Street or P. O. Box City State Zip Code

MEMBER AUTHORIZATION (Must be signed and notarized)

Signature of Member: _____ Date of Signature: ____/____/____

NOTARY

STATE OF _____, COUNTY OF _____

On this ____ day of _____, 20____, personally appeared before me, the above named individual and made oath that the statements made are true.

Signature of Notary Public _____

My Commission Expires _____