



Designation of Beneficiary Prior to Retirement

Retirement Systems of Alabama
PO Box 302150, Montgomery, Alabama 36130-2150
877.517.0020 • 334.517.7000 • www.rsa-al.gov



Your SSN

This form must be signed and notarized for changes to be activated. To name contingent beneficiaries, use the back of this form. If you name contingent beneficiaries, you must sign both sides of the form. Do not use this form if you are retired or participating in DROP. Please contact the RSA for the proper form.

Type of Account: TRS ERS JRF SNU Supernumerary members only

Your Information

Please note: Divorce or annulment of a marriage shall not revoke or void the designation of a spouse as beneficiary for any benefits payable by the RSA.

Name _____
First Middle/Maiden Last

Address _____
Street or P.O. Box City State ZIP Code

Telephone Number _____ Email Address _____

Date of Birth _____ Sex Male Female

Designation of Primary Beneficiary

Primary beneficiaries will receive any benefits payable upon the member's death.

If you have more than four primary beneficiaries, please contact the RSA.

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box City State ZIP Code

Social Security Number _____ Sex Male Female

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box City State ZIP Code

Social Security Number _____ Sex Male Female

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box City State ZIP Code

Social Security Number _____ Sex Male Female

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box City State ZIP Code

Social Security Number _____ Sex Male Female

Check if contingent beneficiary information is continued on the back of this form.

Signature Certification

Sign Here →

Your Signature _____ **Date** _____

State of _____, County of _____

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

Signature of Notary Public _____

Seal

My Commission Expires _____

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If completing this side of the form, do not forget to sign at the bottom.

Name _____ SSN _____

Designation of Contingent Beneficiary

Contingent beneficiaries will receive benefits only if all primary beneficiaries are deceased at the time of the member's death.

List any Contingent Beneficiaries below.

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box _____ City _____ State _____ ZIP Code _____

Social Security Number _____ Sex Male Female

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box _____ City _____ State _____ ZIP Code _____

Social Security Number _____ Sex Male Female

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box _____ City _____ State _____ ZIP Code _____

Social Security Number _____ Sex Male Female

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box _____ City _____ State _____ ZIP Code _____

Social Security Number _____ Sex Male Female

Sign Here → Your Signature _____ Date _____

**Page two must be signed if any contingent beneficiary information is submitted on this side of the form.*