



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	Name				
Please note: Divorce or	Name First		Last		
annulment of a marriage	Address Street or P.O. Box	City	State	ZIP Code	
shall not revoke or void the designation of a	Telephone Number				
spouse as beneficiary for					
any benefits payable by the RSA.	Date of Birth	Sex 🗖 Male 🗖 Female			
Designation of Primary	Name	Relationship	Date of Birth		
Beneficiary Primary beneficiaries will receive any benefits					
	Address Street or P.O. Box	City	State	ZIP Code	
	Social Security Number		Female	Zii Couc	
payable upon the member's death.					
	Name	Relationship	Date of Birth		
<i>If you have more than four primary beneficiaries, please contact the RSA.</i>					
	Address Street or P.O. Box	City	State	ZIP Code	
	Social Security Number		Female	Zii couc	
	Name	Relationship	Date of Birth		
	Address Street or P.O. Box	City	State	ZIP Code	
	Social Security Number		Female		
	Name	Relationship	Date of Birth		
	Address				
	Address Street or P.O. Box	City	State	ZIP Code	
	Social Security Number		Female		
	Check if contingent beneficiary information is continued on the back of this form.				
Signature			Data		
Certification	Your Signature		Date		
Sign Here ->	State of, Coun	ty of			
Please have your signature acknowledged before a Notary Public.	On thic day of	20	perceptive appeared before months above pared		
	On this day of, 20, 20, individual and acknowledged under oath that the statements made are true.		_, personally appeared before the, the above famed		
	Signature of Notary Public				
	Seal	Seal			
		My Commission Expires			

Designation of Beneficiary Prior to Retirement



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

Name		SSN		
Designation of Contingent	List any Contingent Beneficiaries below.			
Beneficiary Contingent beneficiaries will receive benefits only if all primary beneficiaries are deceased at the time of the member's death.	Name	Relationship	Date of Birth	
	Address Street or P.O. Box	City	State	ZIP Code
				ZIP Code
	Social Security Number	Sex 🖵 Mal	e 🖵 Female	
	Name	Relationship	Date of Birth	
	Address Street or P.O. Box	<u> </u>	~ .	710.0
				ZIP Code
	Social Security Number	Sex 🗖 Mal	e 🖵 Female	
	Name	Relationship	Date of Birth	
	Address	<u>.</u>	~ .	
	Street or P.O. Box	City	State	ZIP Code
	Social Security Number	Sex 🗖 Mal	e 🖵 Female	
	Name	Relationship	Date of Birth	
	Address Street or P.O. Box			
		City	State	ZIP Code
	Social Security Number	Sex 🗖 Mal	e 🖵 Female	
Sign Here 🗲	Your Signature		Date	

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