

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

### **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 \_\_\_\_\_