



# Additional Beneficiary Attachment

## PURPOSE

This form should be **used only as an attachment** to one of the following TCDRS beneficiary designation forms:

- *Beneficiary Designation* (TCDRS-06)
- *Service Retirement Application* (TCDRS-22)
- *Retirement Option Selection* (TCDRS-23)
- *Annuitant Beneficiary Designation* (TCDRS-85)
- *Group Term Life Beneficiary Designation* (TCDRS-51)

This form can only be accepted as an extension to name more primary and/or alternate beneficiaries than space allows on the above forms or to name a custodian.

## REFERENCE

TCDRS brochure titled *Naming a Beneficiary*.

## INSTRUCTIONS

1. Complete the "Your Information" section.
2. Designate your additional beneficiaries on this form.
3. Sign and date the bottom of the form.
4. This form must be submitted with one of the beneficiary designation forms listed above and faxed or sent to:  
**TCDRS** Attn: Member Benefits, Barton Oaks Plaza IV, Ste. 500, 901 S. MoPac Expy., Austin, TX 78746

## ADDITIONAL INFORMATION

Benefits will be divided equally among all persons listed as primary and/or alternate beneficiaries, unless otherwise noted by you on this form. **If you wish to specify a specific division among your multiple beneficiaries, you must indicate as a percentage and not as a dollar amount.**

## RESTRICTION ON POWER OF ATTORNEY

A person who completes this form on behalf of another either as an attorney in fact (durable power of attorney) or as a custodian may not designate himself as a primary or alternate beneficiary.

## SOCIAL SECURITY NOTICE

The IRS and Texas law require that we have a Social Security number for every TCDRS account. Payments from your account, by withdrawal or retirement, are reported to the IRS. Your Social Security number is also used to verify your identity when you make changes to or request information about your account.

## CONTACTING TCDRS

If you have any questions, please call TCDRS Member Services at 800-823-7782.



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## YOUR INFORMATION

SSN*	FIRST NAME*	MIDDLE NAME	LAST NAME*
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## PRIMARY BENEFICIARY

A primary beneficiary is the first person to receive your benefit after your death.

SSN*	FIRST NAME*	MIDDLE NAME	LAST NAME*
DATE OF BIRTH*	GENDER* <input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP TO YOU*	

SSN*	FIRST NAME*	MIDDLE NAME	LAST NAME*
DATE OF BIRTH*	GENDER* <input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP TO YOU*	

SSN*	FIRST NAME*	MIDDLE NAME	LAST NAME*
DATE OF BIRTH*	GENDER* <input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP TO YOU*	

### Custodian under the Texas Uniform Transfers to Minors Act

To be named for those primary beneficiaries listed above who are under 18 years of age at my death.

SSN	CUSTODIAN'S NAME (must be at least 21 years of age)	RELATIONSHIP TO YOU	HOME PHONE	MOBILE PHONE
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## ALTERNATE BENEFICIARY (OPTIONAL)

An alternate beneficiary receives your benefit if your primary beneficiary is not eligible.

SSN*	FIRST NAME*	MIDDLE NAME	LAST NAME*
DATE OF BIRTH*	GENDER* <input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP TO YOU*	

SSN*	FIRST NAME*	MIDDLE NAME	LAST NAME*
DATE OF BIRTH*	GENDER* <input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP TO YOU*	

SSN*	FIRST NAME*	MIDDLE NAME	LAST NAME*
DATE OF BIRTH*	GENDER* <input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP TO YOU*	

### Custodian under the Texas Uniform Transfers to Minors Act

To be named for those alternate beneficiaries listed above who are under 18 years of age at my death.

SSN	CUSTODIAN'S NAME (must be at least 21 years of age)	RELATIONSHIP TO YOU	HOME PHONE	MOBILE PHONE
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## YOUR CERTIFICATION

By signing this form, I certify that I have read the instructions on the attached form. Payments will be made in equal shares unless I have provided a specific percent allocation (and not a dollar amount) on this form.

Signature <b>X</b>	Date
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\* REQUIRED FIELDS

**Any corrections or whiteouts must be initialed.**