



Annuitant Beneficiary Designation (For Use After Retirement)

PURPOSE

This form should be completed by a retiree who retired under one of the:

- **Single-Life Benefit** plans of retirement and would like to change a beneficiary designation.
- **Dual-Life Benefit** plans of retirement and whose beneficiary has died. By completing this form, you are designating a beneficiary to receive your remaining individual account balance (if any) at your death. This balance would be paid as a withdrawal. The beneficiary would never be entitled to a monthly benefit payment.

STEPS TO COMPLETING THIS FORM

1. Complete the Your Information section and certify whether you do or do not have a spouse.
2. Designate your beneficiary(ies) in the appropriate sections. If you need help or information regarding beneficiary designations, please refer to page 2 of this form.
3. If spousal consent is required, complete the Spousal Consent section of this form.
4. Sign and date the form.
5. Fax or send the form to: **TCDRS**, Attn: Member Benefits, Barton Oaks Plaza IV, Ste. 500, 901 S. MoPac Expy, Austin, TX 78746.

SPOUSAL CONSENT

Spousal consent is necessary if you are married and you designate someone other than your spouse as primary beneficiary. The Spousal Consent section must be signed by your spouse.

Spousal consent is not necessary only if one of the following exceptions applies to your situation (contact the TCDRS office for additional documentation requirements):

- You and your spouse have been married for less than one year as of your effective retirement date.
- Your spouse cannot be located.
- Your spouse has been judicially declared incompetent.
- A physician has determined that your spouse is not mentally capable of managing his or her own affairs.
- Your TCDRS creditable service earned as a county or district employee did not occur during your marriage.

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.**

If you have multiple service retirement accounts through previous employment with different counties and/or districts, you can make different beneficiary elections regarding each account by submitting separate forms.

RESTRICTIONS 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.



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CURRENT RULES FOR DETERMINING THE BENEFICIARY TO RECEIVE TCDRS BENEFITS

The default order for determining the beneficiary to receive the TCDRS benefit in the event of an annuitant's death, regardless of eligible benefits, is as follows:

1. The valid primary beneficiary designated by the annuitant; then
2. If there is no valid primary beneficiary, to the valid alternate beneficiary; then
3. If there is no valid alternate beneficiary, to the annuitant's spouse; then
4. If there is no spouse, to the annuitant's estate.

COMPLETING THE BENEFICIARY DESIGNATION SECTIONS

Multiple Beneficiaries

- You may designate up to three primary and/or alternate beneficiaries on this form in the beneficiary designation sections. Please attach an *Additional Beneficiary Attachment* (TCDRS-95) to name more than three primary or alternate beneficiaries. Also, please note that multiple beneficiaries may restrict payment options.
- Unless you otherwise direct us in writing, your benefits will be paid equally to the surviving primary beneficiaries, or equally to the surviving alternate beneficiaries **if there are no surviving primary beneficiaries**.

Estate as Beneficiary

If you wish to designate your estate, please write **only** the word "**Estate**" in the space provided for the name of primary or alternate beneficiary.

Custodian

If you wish to designate a custodian for children who are minors at your death please do the following:

- Give the full name and all information pertaining to the minor child in the beneficiary section. Then write the full name and all information pertaining to the custodian in the appropriate custodian section.
- The custodian must be 21 years of age or older.
- **Note:** When the minor beneficiary reaches age 18, the custodianship for that beneficiary is automatically terminated and any benefits that become payable will be paid directly to the beneficiary.

Charity

If you wish to designate a charity, write the name of the charity (for example, American Heart Association).

Trust

If you wish to designate a trust, write "Trustee of the (name of trust)."

Please ensure you have a legal trust agreement in place prior to designating "Trust" on this form.

Effects of Divorce

If you become divorced from a designated beneficiary, the designation is revoked with respect to that beneficiary. If you wish to continue your ex-spouse as a beneficiary, you must file a new designation re-naming your former spouse with a revised "relationship."



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YOUR INFORMATION

EMPLOYER NAME*		ACCOUNT NUMBER	
SSN*	FIRST NAME*	MIDDLE NAME	LAST NAME*
MAILING ADDRESS*		CITY*	STATE* ZIP*
DATE OF BIRTH*	HOME PHONE	MOBILE PHONE	
I hereby certify that <input type="checkbox"/> I do <input type="checkbox"/> I do not have a spouse at this time. If you checked "I do," please complete the "Spousal Consent section below.		If you have more than one account, please designate which account(s) this beneficiary designation applies to: <input type="checkbox"/> ALL ACCOUNTS or <input type="checkbox"/> SPECIFIC COUNTY/DISTRICT _____	

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

SPOUSAL CONSENT

If you are married, your spouse's consent must be obtained if your spouse is not your only primary beneficiary.

I certify that I am the spouse of the member. I understand that I have the right to be named as the sole beneficiary. Nonetheless, I hereby give my consent to the beneficiary designation shown on this form.

Spouse Signature	Spouse's Full Name	Date
X		

YOUR CERTIFICATION

For this account only, I revoke all previous beneficiary designations and request that any retirement benefit due after my death be paid to the beneficiary/beneficiaries on this 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	Date
X	

* REQUIRED FIELDS

Any corrections or whiteouts must be initialed.



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ALTERNATE BENEFICIARY DESIGNATION (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*	RELATIONSHIP TO YOU*	
	<input type="checkbox"/> Male <input type="checkbox"/> Female		

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

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

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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Any corrections or whiteouts must be initialed.