



Beneficiary Designation

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		

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 *			

ALTERNATE BENEFICIARY

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 *			

To add additional beneficiaries or to designate a custodian for a minor, use form TCDRS-95 (www.tcdrs.org).

SURVIVOR BENEFIT After 4 years of service, should you pass away before you retire, your beneficiary is eligible for either a lifetime benefit calculated using your account and employer matching or a withdrawal without the employer matching.

I do not want to allow my beneficiary to choose the withdrawal option.

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 designated on this form. Should a beneficiary die before me, or if I divorce a designated beneficiary, then that designation is revoked.

SIGNATURE X	DATE
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* **REQUIRED FIELDS**

Any corrections or whiteouts must be initialed.