



# Retirement Option Selection Beneficiary Designation

TCDRS-23  
Revised  
12/2002

Page 4 of 4

For TCDRS use only

## Primary Beneficiary Designation

Unless otherwise specified, benefits will be divided equally among all persons listed as primary beneficiary.

First Name	Middle Initial	Last Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Relationship to Member	Social Security Number	
Address (Number and Street)				City	State	Zip Code	

Additional primary beneficiaries may be designated **ONLY** if you have selected a Single-Life Annuity.

First Name	Middle Initial	Last Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Relationship to Member	Social Security Number	
Address (Number and Street)				City	State	Zip Code	
First Name	Middle Initial	Last Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Relationship to Member	Social Security Number	
Address (Number and Street)				City	State	Zip Code	

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

To be named for those primary beneficiaries listed above who are under 21 years of age.

Custodian's Name (must be at least 21 years of age)	Relationship to Member	Daytime Phone Number	
Mailing Address	City	State	Zip Code

### Spousal Consent Section

- If you are married, your spouse's consent must be obtained if your spouse is not your only primary beneficiary; or
- You name your spouse as beneficiary and have selected a Single-Life Annuity.

I certify that I am the spouse of the member. I understand that I have the right to be named as the sole beneficiary under a benefit option that would pay me an annuity for my lifetime. Nonetheless, I hereby give my consent to the beneficiary designation and/or option selection shown on this form.

Spouse's Signature <b>X</b>	Spouse's Full Name	Date
--------------------------------	--------------------	------

### Required Notarization

THE STATE OF TEXAS, COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_ (Name of Spouse).

(SEAL) \_\_\_\_\_

Notary Public, State of Texas

I hereby select the form of retirement option shown by a check mark on the opposite side of this form. I also revoke all previous beneficiary designations and request that any payments that may be due after my death be paid to the person(s) named above. Unless I have otherwise noted on this form, any amounts due upon my death will be paid equally to the surviving beneficiaries if more than one are named. By signing this form, I certify that I have read the attached instructions.

Member's Signature <b>X</b>	Date
--------------------------------	------

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