



Beneficiary Designation for Survivor Benefit

PURPOSE

Use this form to make a beneficiary designation. You may also, but are not required to, pre-select a benefit payment plan to be paid to your beneficiary in the event you die prior to retirement. Unless you have special circumstances, generally leaving the selection of the payment plan to your beneficiary at your death is a preferable option. If you do not pre-select a payment plan, at your death your beneficiary(ies) may choose either a lifetime monthly benefit payment; or a withdrawal of your contributions.

ELIGIBILITY

You become eligible for a Survivor Benefit when you have earned a minimum of 4 years of service.

EXPLANATION OF BENEFIT PAYMENT PLAN OPTIONS AND BENEFICIARY DESIGNATIONS

All payment methods guarantee that the entire account balance will be paid out:

- The **No Specified Option** provides your beneficiary with the option of selecting a lifetime monthly benefit payment option or a withdrawal of **ONLY** your accumulated deposits and interest at the time of your death.
- The **Lifetime Payment** option provides your beneficiary with the option of selecting a lifetime monthly benefit payment option.

You may name more than one person or entity as your beneficiary, which may be changed at any time.

STEPS TO COMPLETING THIS FORM

1. Complete the "Member Information" section and certify whether you do or do not have a spouse.
2. Review the selection of options. When you have chosen an option, check the box indicating your desired option on the form.
3. Designate your primary and/or alternate beneficiary(ies) on the form. If you need help or information regarding beneficiary designations, please refer to the *Naming a Beneficiary* brochure.
4. **Sign in longhand** and date the bottom of the form.
5. If spousal consent is required, complete the "Spousal Consent" section on page 3 of this form.

ADDITIONAL BENEFICIARIES

If you wish to name more than 3 primary or alternate beneficiaries, please attach an Additional Beneficiary Attachment (TCDRS-95).

SPOUSAL CONSENT

The "Spousal Consent" section must be completed if you are married, you designate someone other than your spouse as a primary beneficiary and pre-select a benefit.

EXCEPTIONS TO SPOUSAL CONSENT

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.



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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 a member or annuitant's death, regardless of eligible benefits, is first to the valid primary beneficiary designated; if none, to the valid alternate beneficiary; if none, to the spouse; and if there is no spouse, to the member's/annuitant's estate.

COMPLETING THE BENEFICIARY DESIGNATION SECTIONS

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".

Multiple Beneficiaries

- You may designate up to three primary and/or alternate beneficiaries. Please attach an Additional Beneficiary Attachment (TCDRS-95) to name more than three beneficiaries.
- Unless you otherwise direct us in writing, your benefits will be paid equally to the surviving primary beneficiaries, or, **if there are no surviving primary beneficiaries**, equally to the surviving alternate 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 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.



Beneficiary Designation for Survivor Benefit

MEMBER INFORMATION

First Name	Middle Initial or Name	Last Name	Birth Date	Social Security Number
Address		City	State	Zip
I hereby certify that <input type="checkbox"/> I DO <input type="checkbox"/> I DO NOT have a spouse at this time. If the answer to this question is "I DO", please see Spousal Consent section below.			Daytime Phone Number	

PRIMARY BENEFICIARY DESIGNATION (REQUIRED)

Benefits will be divided equally among all persons listed as primary beneficiary, unless otherwise noted by you on this form.

Please ✓ (check) only one of the following options.

If you don't select a payment plan, we will interpret your designation as if the **No Specified Option** was selected.

No Specified Option **Lifetime Payment**

Beneficiary Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date	Relationship to Member	Social Security Number
Address		City	State	Zip Code
Beneficiary Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date	Relationship to Member	Social Security Number
Address		City	State	Zip Code
Beneficiary Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date	Relationship to Member	Social Security Number
Address		City	State	Zip Code

Custodian under the Texas Uniform Transfers to Minors Act (TUTMA)

This custodianship is to be effective only if my primary beneficiary is under 18 at the time of my death.

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

MEMBER CERTIFICATION

Should I decide to have my benefit paid to someone other than the persons named above I will make such changes on a valid TCDRS form. Should a beneficiary designated above predecease me or if I become divorced from the designated beneficiary then this designation is revoked with respect to that beneficiary and the benefit due will be paid to the beneficiary entitled to receive my retirement benefit under TCDRS governing law. I understand if I name more than one beneficiary any benefit due will be paid to the surviving primary beneficiaries in equal share (unless I have directed otherwise on this form) or in equal shares to the surviving alternate beneficiaries if I am not survived by any primary beneficiary.

Member Signature (By signing this form, I certify that I have read the attached forms and understand the instructions provided.)	Date
X	

SPOUSAL CONSENT SECTION

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 under a benefit option that would pay me a monthly benefit for my lifetime. Nonetheless, I hereby give my consent to the beneficiary designation shown on this form.			
X	Spouse's Signature	Spouse's Full Name (printed)	Date

Any corrections or whiteouts must be initialed.



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MEMBER INFORMATION

First Name	Middle Initial or Name	Last Name	Social Security Number
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ALTERNATE BENEFICIARY DESIGNATION (REQUIRED)

NOTE: Your benefits will only be paid to your alternate beneficiary(ies) if the designation with respect to each primary beneficiary is revoked by death or divorce.

Benefits will be divided equally among all persons listed as alternate beneficiary, unless otherwise noted by you on this form.

Please ✓ (check) only one of the following options.

If you don't select a payment plan, we will interpret your designation as if the **No Specified Option** was selected.

No Specified Option **Lifetime Payment**

Beneficiary Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date	Relationship to Member	Social Security Number
Address		City	State	Zip Code
Beneficiary Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date	Relationship to Member	Social Security Number
Address		City	State	Zip Code
Beneficiary Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date	Relationship to Member	Social Security Number
Address		City	State	Zip Code

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

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