



Beneficiary Designation

YOUR INFORMATION

Please complete this form and return it directly to TCDRS. You may also update your beneficiaries quickly and securely online when you sign into your account at TCDRS.org. **This paper form does not become effective until it is received by TCDRS.** To add additional beneficiaries or custodians, attach form TCDRS-95 (TCDRS.org).

SSN*	FIRST NAME*	MIDDLE NAME	LAST NAME*
MAILING ADDRESS*		CITY*	STATE* ZIP*
EMAIL ADDRESS	PRIMARY PHONE		SECONDARY PHONE
EMPLOYER NAME*			ACCOUNT NUMBER
If you have more than one account, this beneficiary designation will apply to ALL accounts UNLESS you designate a specific account here: Specific County/District _____			

PRIMARY BENEFICIARY

A primary beneficiary is the first person to receive any benefit that may remain after you pass away. Designate a custodian for a beneficiary who is a minor (under age 18).

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

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*	

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

I revoke all previous beneficiary designations for the account(s) designated above 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. A person who completes this form on behalf of another as an attorney-in-fact (durable power of attorney) or as a custodian may generally not designate himself as a primary or alternate beneficiary.

Signature X	Date
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* REQUIRED FIELDS

Any corrections or whiteouts must be initialed.