



Beneficiary Designation

YOUR INFORMATION

EMPLOYER NAME*			ACCOUNT NUMBER		
SSN*	FIRST NAME*	MIDDLE NAME	LAST NAME*		
MAILING ADDRESS*		CITY*	STATE*	ZIP*	
EMAIL ADDRESS		HOME PHONE	MOBILE PHONE		

PRIMARY BENEFICIARY

A primary beneficiary is the first person to receive any benefit that may remain after you pass away.

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*			

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, attach 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. 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.

Signature X	Date
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* REQUIRED FIELDS

Any corrections or whiteouts must be initialed.