



Group Term Life Beneficiary Designation

PURPOSE

To designate a beneficiary for the Group Term Life benefit. This beneficiary designation does not affect your retirement beneficiary. If you want the beneficiary for your retirement account to also receive your Group Term Life benefit, please do not fill out this form. You can have different beneficiaries for this benefit and your retirement account.

INSTRUCTIONS

1. Complete the Your Information section.
2. Designate your primary and alternate beneficiary(ies) on this form.
3. Sign and date the bottom of the form.
4. If you want to name more than two primary or alternate beneficiaries, please include an *Additional Beneficiary Attachment* form (TCDRS-95).
5. Fax or send the form to: **TCDRS**, Attn: Member Benefits, Barton Oaks Plaza IV, Ste. 500, 901 S. MoPac Expy., Austin, TX 78746

REFERENCE

The *Group Term Life* brochure.

ADDITIONAL INFORMATION

Benefits will be divided equally among all persons listed as primary and/or alternate beneficiaries, unless otherwise noted by you on this form. **If you wish to specify a specific division among your multiple beneficiaries, you must indicate as a percentage and not as a dollar amount.**

If you complete this form and later send in a new *Beneficiary Designation* form (TCDRS-06) for your retirement account, TCDRS will not change your Group Term Life beneficiary. Once you've designated a beneficiary using this form you must send in a new *Group Term Life Beneficiary Designation* form (TCDRS-51) to change your beneficiary.

SOCIAL SECURITY NOTICE

The IRS and Texas law require that we have a Social Security number for every TCDRS account. Payments from your account, by withdrawal or retirement, are reported to the IRS. Your Social Security number is also used to verify your identity when you make changes to or request information about your account.

RESTRICTION ON POWER OF ATTORNEY

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.

CONTACTING TCDRS

If you have any questions, please call TCDRS Member Services at 800-823-7782.



Group Term Life 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*	RELATIONSHIP TO YOU*		
	<input type="checkbox"/> Male <input type="checkbox"/> Female			

SSN*	FIRST NAME*	MIDDLE NAME	LAST NAME*	
DATE OF BIRTH*	GENDER*	RELATIONSHIP TO YOU*		
	<input type="checkbox"/> Male <input type="checkbox"/> Female			

ALTERNATE BENEFICIARY (OPTIONAL)

An alternate beneficiary receives your benefit if your primary beneficiary is not eligible.

SSN*	FIRST NAME*	MIDDLE NAME	LAST NAME*	
DATE OF BIRTH*	GENDER*	RELATIONSHIP TO YOU*		
	<input type="checkbox"/> Male <input type="checkbox"/> Female			

SSN*	FIRST NAME*	MIDDLE NAME	LAST NAME*	
DATE OF BIRTH*	GENDER*	RELATIONSHIP TO YOU*		
	<input type="checkbox"/> Male <input type="checkbox"/> Female			

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

YOUR CERTIFICATION

For this account only, I revoke all previous beneficiary designations and request that any Group Term Life 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. Payments will be made in equal shares unless I have provided a specific percent allocation (and not a dollar amount) on this form.

Signature	Date
X	

* REQUIRED FIELDS

Any corrections or whiteouts must be initialed.