

YOUR INFORMATION

EMPLOYER NAME *							ACCOUNT NUMBER		
SSN * FIRST NAME *					MIDDLE NAME		LAST NAME *		
MAILING ADDRESS *				СІТ	ΓΥ *			STATE *	ZIP *
DATE OF BIRTH *			HOME PHONE	ME PHONE MOBILI			E PHONE		
PRIMARY BEN	IEFICIARY	A primary b	eneficiary is the firs	st pe	erson to receive your	benef	it after	your death.	
SSN * FIRST NAME *		FIRST NAME *			MIDDLE NAME		LAST NAME *		
DATE OF BIRTH *	ATE OF BIRTH * GENDER * RELATIONSHIP TO YOU *								
SSN * FIRST NAME *				MIDDLE NAME		LAST NAME *			
DATE OF BIRTH * GENDER * MALE FEMALE				RELATIONSHIP TO YOU *					
ALTERNATE E	BENEFICIA	RY An altern	nate beneficiary rec	eive	es your benefit if you	r prima	ary ben	eficiary is n	ot eligible.
SSN *		FIRST NAME *			MIDDLE NAME		LAST N/	AME *	
DATE OF BIRTH *	GENDER *	·	RELATIONSHIP TO) YOL	J *				

		FEMALE			
SSN *		FIRST NAME *		MIDDLE NAME	LAST NAME *
DATE OF BIRTH *	GENDER *	_	RELATIONSHIP TO YOU	U *	

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
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DATE