

Designation of Retiring Members' Beneficiaries

This form is only for members who have submitted their application for retirement.



Teachers Retirement System of Georgia

▼ To Be Completed by Member -- please print clearly

Your Information

Print or type all personal information below.

--	--	--	--	--	--	--	--	--	--	--	--

Social Security Number

Last Name

First Name

Middle Initial

Beneficiary Designation

***Note:** This form is to be used by members who have submitted their application for retirement but have not received their first retirement check. **The beneficiary information on this form supersedes beneficiary information previously submitted on a member's retirement application.

Please designate your primary and secondary beneficiaries.

The total percentage for primary beneficiaries should equal 100%. The total percentage for secondary beneficiaries should equal 100%. For example, if you have 3 primary beneficiaries, you need to make sure that the percentages allotted equal 100% (e.g., 40%, 30%, 30%).

PRIMARY BENEFICIARIES

1. _____
Name of Beneficiary _____ Date of Birth _____ Sex (M or F) _____ Relationship to Me _____
Address _____ City _____ State _____ Zip Code _____
Soc. Sec. No. _____ Percentage of available benefits to be paid _____%
2. _____
Name of Beneficiary _____ Date of Birth _____ Sex (M or F) _____ Relationship to Me _____
Address _____ City _____ State _____ Zip Code _____
Soc. Sec. No. _____ Percentage of available benefits to be paid _____%
3. _____
Name of Beneficiary _____ Date of Birth _____ Sex (M or F) _____ Relationship to Me _____
Address _____ City _____ State _____ Zip Code _____
Soc. Sec. No. _____ Percentage of available benefits to be paid _____%
4. _____
Name of Beneficiary _____ Date of Birth _____ Sex (M or F) _____ Relationship to Me _____
Address _____ City _____ State _____ Zip Code _____
Soc. Sec. No. _____ Percentage of available benefits to be paid _____%
5. _____
Name of Beneficiary _____ Date of Birth _____ Sex (M or F) _____ Relationship to Me _____
Address _____ City _____ State _____ Zip Code _____
Soc. Sec. No. _____ Percentage of available benefits to be paid _____%

SECONDARY BENEFICIARIES

1. _____
Name of Beneficiary _____ Date of Birth _____ Sex (M or F) _____ Relationship to Me _____
Address _____ City _____ State _____ Zip Code _____
Soc. Sec. No. _____ Percentage of available benefits to be paid _____%
2. _____
Name of Beneficiary _____ Date of Birth _____ Sex (M or F) _____ Relationship to Me _____
Address _____ City _____ State _____ Zip Code _____
Soc. Sec. No. _____ Percentage of available benefits to be paid _____%
3. _____
Name of Beneficiary _____ Date of Birth _____ Sex (M or F) _____ Relationship to Me _____
Address _____ City _____ State _____ Zip Code _____
Soc. Sec. No. _____ Percentage of available benefits to be paid _____%



Your Signature

Please sign and date verifying the information provided above is accurate.

Signature

Date