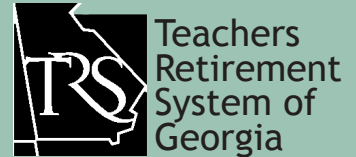


Divorce of a Retired Member-- Multiple Beneficiaries



Request for Information: This form should only be used to generate a benefit estimate due to the divorce of a retired member.

▼ To Be Completed by Retiree -- please print clearly

Your Information

Please print or type your personal information.

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Social Security Number

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Last Name

First Name

Middle Initial

Street Address (home address)

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City

State

Zip Code

New Benefit Estimate

1. You are divorced or in the process of a divorce and have the option of revoking the selection of your spouse as a designated beneficiary and redistribute the percentage of funds to the remaining beneficiaries or elect to keep the designated benefit percentage the same as indicated on file.

2. If you elect not to redistribute your percentage of funds to the remaining beneficiaries, your benefit will be adjusted to Plan B Option 4.

3. Note: In making this election, Georgia law does not provide an opportunity to change your plan of retirement, designate a new beneficiary or decrease the current distribution of the existing beneficiary (ies) on file.

Current Beneficiary Information on File: (completed by TRS)

1. _____	_____ %	_____	_____
Name of Beneficiary	% of benefit	Date of Birth	Relationship
2. _____	_____ %	_____	_____
Name of Beneficiary	% of benefit	Date of Birth	Relationship
3. _____	_____ %	_____	_____
Name of Beneficiary	% of benefit	Date of Birth	Relationship
4. _____	_____ %	_____	_____
Name of Beneficiary	% of benefit	Date of Birth	Relationship
5. _____	_____ %	_____	_____
Name of Beneficiary	% of benefit	Date of Birth	Relationship
6. _____	_____ %	_____	_____
Name of Beneficiary	% of benefit	Date of Birth	Relationship

Adjusted Percentages Under Consideration: (completed by retiree)

1. _____	_____ %	_____
Name of Beneficiary	% of benefit	Date of Birth
2. _____	_____ %	_____
Name of Beneficiary	% of benefit	Date of Birth
3. _____	_____ %	_____
Name of Beneficiary	% of benefit	Date of Birth
4. _____	_____ %	_____
Name of Beneficiary	% of benefit	Date of Birth
5. _____	_____ %	_____
Name of Beneficiary	% of benefit	Date of Birth
6. _____	_____ %	_____
Name of Beneficiary	% of benefit	Date of Birth

