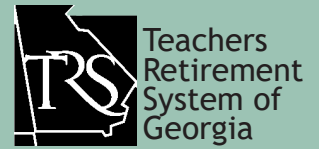


Designation of Active Members' Beneficiaries & Multiple Change Request (TRS-2B) for Active Members Only



Please read the instructions on the reverse side before completing this form.

▼ To Be Completed by Member -- please print clearly

I wish to make changes to my TRS record as checked here and for the section(s) filled out below. *(Please check all that apply)*

Name Change

Designation of beneficiary(ies)

Your Information

Please print or type all personal information. Incomplete information will delay the processing of your retirement benefit.

This form will become void upon retirement.

<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Social Security Number									Or	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> TRS ID								
_____	_____	_____																
Last Name	First Name	Middle Initial																

Street Address (home address)																		
_____	_____	_____																
City	State	Zip Code																

Name Change

If your name has changed, please complete this section.

School System

Old Name (Last, First, Middle/Maiden Name)

New Name (Last, First, Middle/Maiden Name)

Primary Beneficiary(ies) Designation

Please use this section to change primary beneficiary designations, as well as the percentage allocated to each.

The total percentage for primary beneficiaries must 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%, and 30%).

Social Security numbers for beneficiaries are not needed at this time, but helps TRS identify beneficiaries in the event of a member's death during active service.

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 _____ %		



Multiple Change Request (TRS-2B) for Active Members Only

-- **Or**
 Social Security Number TRS ID

Secondary Beneficiary(ies) Designation

Please use this section to change secondary beneficiary designations, as well as the percentage allocated to each.

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

Social Security numbers for beneficiaries are not needed at this time, but helps TRS identify beneficiaries in the event of a member's death during active service.

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 _____ %

Your Signature

I certify that the information contained in this document has been filled out by myself and that the changes made will be effective on the date this form is received in the TRS office and revokes any prior information on file.

 Signature Date

This form can be used to make multiple changes to your records at the Teachers Retirement System of Georgia (TRS). These changes are effective on the date that this correctly, completed and signed form is received in the TRS office and revokes any prior information on file. At the top of the form, be sure to check the options for each change you are making, as well as complete "Your Information." This section must be completed for any changes to take effect.

Name Change

If you have changed your name, please complete this section.

Designation of Beneficiary(ies)

This section allows you to change both primary and secondary beneficiary designations, as well as the percentage allocated to each. You must complete all requested information for any changes to be valid. This form will revoke any prior information on file at TRS.

You may name your estate or trust as your primary or secondary beneficiary, however, a monthly benefit cannot be paid to your estate or trust. If your estate or trust is your only eligible designated beneficiary, a lump-sum payment of the contributions and interest in your account at the time of your death will be paid to it. Your executor or trustee should not be named as your beneficiary. The name and address of your executor or trustee should be listed on a separate, attached page.

Multiple Beneficiaries

If you elect more than one primary or more than one secondary beneficiary, make sure you indicate the total percentage of available benefits to be paid to each. The total for primary beneficiaries must equal 100%; the total for secondary beneficiaries must equal 100%. If no percentage distribution is indicated, your available benefits will be divided equally among the eligible beneficiaries. It is important to note that secondary beneficiaries are not eligible for benefits unless all primary beneficiaries are deceased.

If you wish to name more beneficiaries than space allowed on the form, you may attach a separate piece of 8.5" x 11" paper on which you may list additional beneficiaries. Each must be clearly named, numbered and allotted a percentage of benefits to be paid. **You must sign and date all additional pages, along with the original form.**

Before sending in this form, please be sure to:

- Fill out completely. Incomplete forms will be returned to you and not processed.
- Sign and date the form, along with any attachments you may have.
- Your records will be updated when the correct, completed form (and attachments if necessary) are received in the TRS office.
- Filling out this form with any changes revokes any prior information on file.
- TRS will send you confirmation of the changes made to your file.