



MONTANA TEACHERS' RETIREMENT SYSTEM

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TRS Office Use Only

BENEFICIARY DESIGNATION ATTACHMENT FOR ACTIVE MEMBERS

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK.

MEMBER INFORMATION

First _____ Middle _____ Last _____ Suffix _____
Printed Name

Maiden Name

____ - ____ - ____
Social Security Number

DESIGNATION OF BENEFICIARY

I hereby nominate and appoint the person(s), estate, or trust named below as the designated beneficiary(ies) of my TRS account. In the event of my death, I authorize and direct the Retirement Board to pay named beneficiary(ies) as designated. I understand the named beneficiary(ies) may be eligible to elect to receive a lump-sum refund of the accumulated account balance or a monthly retirement benefit as provided by §19-20-1001, MCA. If joint beneficiaries are named below to share equally and any should not survive me, I direct the Retirement Board to pay said amount in equal shares to the surviving joint beneficiaries and to pay the total amount to the surviving beneficiary should only one of the joint beneficiaries named survive me. I reserve the right to change my beneficiary(ies) at any time by filing, with the Retirement Board, written notice of such change on the form provided by the Retirement Board for that purpose. I understand that this designation of beneficiary(ies) will be canceled by the withdrawal of my account.

Please provide **all** requested information for each beneficiary.

6TH CONTINGENT BENEFICIARY	7TH CONTINGENT BENEFICIARY	8TH CONTINGENT BENEFICIARY
Designated Beneficiary's Name _____	Designated Beneficiary's Name _____	Designated Beneficiary's Name _____
Social Security Number _____ M/F	Social Security Number _____ M/F	Social Security Number _____ M/F
Relationship to Member _____ Date of Birth _____	Relationship to Member _____ Date of Birth _____	Relationship to Member _____ Date of Birth _____
Mailing Address _____	Mailing Address _____	Mailing Address _____
City, State & Zip+4 Code _____	City, State & Zip+4 Code _____	City, State & Zip+4 Code _____
Area Code & Phone Number _____	Area Code & Phone Number _____	Area Code & Phone Number _____

Member's Signature

Date

TO BE COMPLETED BY A NOTARY PUBLIC: Signed and sworn to before me this _____ day of _____ 20____; by name of person appearing before the Notary Public.

Signature of Notary Public

(SEAL)

Typed, Stamped or Printed Name of Notary

Notary Public for the State of: _____

Residing at: _____

My commission expires: _____

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1992,
ALTERNATIVE ACCESSIBLE FORMATS OF THIS DOCUMENT WILL BE PROVIDED UPON REQUEST.