

OPTION 4: Beneficiary Designation



▼ **To Be Completed by Member** -- *please print clearly*

Instructions for completing the Beneficiary Designation for OPTION 4

Plan B Option 4 offers a reduced monthly lifetime benefit in exchange for the flexibility to designate a specific percentage or dollar amount of your monthly benefit to be paid to your beneficiary (ies) after your death. The beneficiary benefits you specify under this plan cannot cause your monthly benefit to be reduced below 50% of the maximum benefit available to you. If multiple beneficiaries are designated and one or more beneficiaries predecease you, the percentages or dollar amounts are not adjusted. Beneficiaries also receive a prorated share of any cost-of-living increases you received up to the date of death.

The total percentage for primary beneficiaries for Option 4 CANNOT equal 100%; however, the total percentage for secondary beneficiaries must equal 100%.

Examples:

For example, you have three primary beneficiaries and you elect to leave a percentage such as 50% of your monthly benefit as described above for Option 4. You may allot a specified percentage to each beneficiary.

Primary Beneficiary #1	35 %
Primary Beneficiary #2	10 %
Primary Beneficiary #3	5 %
Total	50 %

However, if you elect to leave a specified dollar amount such as \$300.00 to your primary beneficiaries, you may allocate a specific dollar amount to each beneficiary.

Primary Beneficiary #1	\$ 100.00
Primary Beneficiary #2	\$ 150.00
Primary Beneficiary #3	\$ 50.00
Total	\$ 300.00

Once this application is received by TRS, your beneficiary designation(s) are considered valid. The beneficiary designation(s) you have listed on this form supersede any other beneficiary designation(s) on file with TRS. Please designate your primary and/or secondary beneficiaries on the attached form and mail or fax back to TRS.

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Your Information

Print or type all personal information below.

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Social Security Number

Last Name

First Name

Middle Initial

PRIMARY BENEFICIARIES

1. _____
Name of Beneficiary Date of Birth Sex (M or F) Relationship to Me

Address Social Security Number
Percentage or Dollar Amount of available benefits to be paid to this beneficiary _____% or \$_____
2. _____
Name of Beneficiary Date of Birth Sex (M or F) Relationship to Me

Address Social Security Number
Percentage or Dollar Amount of available benefits to be paid to this beneficiary _____% or \$_____
3. _____
Name of Beneficiary Date of Birth Sex (M or F) Relationship to Me

Address Social Security Number
Percentage or Dollar Amount of available benefits to be paid to this beneficiary _____% or \$_____
4. _____
Name of Beneficiary Date of Birth Sex (M or F) Relationship to Me

Address Social Security Number
Percentage or Dollar Amount of available benefits to be paid to this beneficiary _____% or \$_____

SECONDARY BENEFICIARIES

1. _____
Name of Beneficiary Date of Birth Sex (M or F) Relationship to Me

Address Social Security Number
Percentage of available benefits to be paid to this beneficiary _____%
2. _____
Name of Beneficiary Date of Birth Sex (M or F) Relationship to Me

Address Social Security Number
Percentage of available benefits to be paid to this beneficiary _____%

Your Signature

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

Signature

Date

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