Change of Designation of Beneficiary(ies) -- Retiree

Teachers Retirement System of Georgia
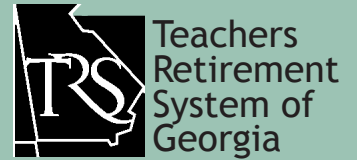
▼ **To Be Completed by Member** -- *please print clearly*

Your Information

Print or type all personal information below.

Social Security Number

Last Name   First Name   Middle Initial

Beneficiary Designation

You may designate new beneficiary(ies) only under the Maximum Plan and Plan B Option 1 Retirement Plans.

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% (ie. 40%, 30%, 30%).

If you wish to name more beneficiaries than space allows on this form, please attach a separate sheet of 8.5" x 11" paper listing the additional beneficiaries (i.e. #5, #6, etc.) along with the same information requested in the beneficiary section of this form. You must sign and date all additional pages.

In connection with my Application for Retirement effective _____, please change the Maximum Plan/Plan B Option 1 beneficiary designation(s) thereon as follows:

PRIMARY 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 _____%

3. _____
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 _____%

4. _____
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 _____%

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

B E N E C H N G