



TENNESSEE CONSOLIDATED RETIREMENT SYSTEM  
502 Deaderick Street, Nashville TN 37243-0201

## ACTIVE MEMBER CHANGE OF BENEFICIARY FORM

### PART I: MEMBER INFORMATION

Social Security Number:

Birthdate:  Home Phone: ()  Work Phone: ()

Name:      
Last First Middle Maiden

Address:   
    
City State Zip Code

TCRS will send confirmation of your change of beneficiary to the address you provide above.

The laws governing TCRS provide that you may designate more than one person as your beneficiary. For TCRS purposes, the term "person" means any individual, firm, organization, partnership, association, corporation, estate, or trust. **ESTATES, MULTIPLE BENEFICIARIES, AND INSTITUTIONS ARE ELIGIBLE FOR LUMP-SUM DISTRIBUTIONS ONLY. IF YOU LIST TWO OR MORE PERSONS, YOU HAVE NAMED MULTIPLE BENEFICIARIES AND THEY MAY SHARE EQUALLY IN ANY LUMP-SUM PAYMENT. IF YOU HAVE NEVER MADE CONTRIBUTIONS TO TCRS, NO LUMP-SUM PAYMENT WILL BE MADE AND YOUR SPOUSE MAY BE THE ONLY PERSON ELIGIBLE FOR ANY TYPE DEATH BENEFIT.** If you name your spouse as beneficiary, he or she may be entitled to monthly benefits should you die in service. **(Secondary or contingent beneficiaries are not permitted.)** If available, I elect Option 1 for my beneficiary in the event of my death. I, the member, revoke any previous beneficiary nominations and direct that the above designation supersede any previously filed; provided, however, in the event I named my spouse and another person or persons as beneficiary herein and no death benefit is payable as a result thereof, I direct TCRS to revoke such designation and substitute my spouse instead as sole beneficiary. Contact the TCRS office if you have any questions.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PART II: BENEFICIARY INFORMATION (If additional space is needed please attach a schedule.)

#### INDIVIDUALS

Last Name	First Name	Middle Name	Relationship	Sex	Birthdate	S.S.#
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### INSTITUTIONS OR ESTATES

Name	Taxpayer ID	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

• Please provide Social Security number or taxpayer ID, if available. If you name a trust, please attach a copy of the Trust Document.

State of \_\_\_\_\_ County of \_\_\_\_\_

\_\_\_\_\_ personally appeared before me on this the \_\_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_, who makes oath that (he) (she) executed the foregoing instrument.

(Notary Seal)

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_