



Teachers' Retirement System of the State of Kentucky

479 Versailles Road
Frankfort, KY 40601-3800
800-618-1687

Active Member Account Beneficiary Designations TRS 1, TRS 2 and TRS 3

This designation is in the event you die before retiring. If you are married or you marry, your spouse is the primary beneficiary unless subsequently designated otherwise. If you have five or more years of creditable Kentucky service and your spouse is the primary beneficiary, your spouse is eligible for benefits, including possibly an annuity. If you have less than five years, the balance will be paid to your spouse and or other named beneficiaries. **Your spouse's signature is required by law if the spouse is not named as your primary beneficiary.** You may designate one primary beneficiary or two or more equal co-beneficiaries. Additionally, a contingent beneficiary or beneficiaries may be designated in the event of the deaths of all other beneficiaries. Life insurance beneficiaries are named on a separate form.

Member last name	First	Middle initial	Suffix
Home mailing address (include City/State/ZIP)			
Primary email		Primary phone	TRS ID
Marital status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed			

Upon my death, I direct TRS to pay the proceeds of my account to the person or persons named below:

<input type="checkbox"/> Primary Beneficiary <u>or</u> <input type="checkbox"/> Co-beneficiary (one must be checked)			
Last name	First	Relationship	Social Security number
Birth date	Gender	Address/City/State/ZIP	
<input type="checkbox"/> Co-beneficiary <u>or</u> <input type="checkbox"/> Contingent Beneficiary (one must be checked, if used)			
Last name	First	Relationship	Social Security number
Birth date	Gender	Address/City/State/ZIP	
<input type="checkbox"/> Co-beneficiary <u>or</u> <input type="checkbox"/> Contingent Beneficiary (one must be checked, if used)			
Last name	First	Relationship	Social Security number
Birth date	Gender	Address/City/State/ZIP	
<input type="checkbox"/> Co-beneficiary <u>or</u> <input type="checkbox"/> Contingent Beneficiary (one must be checked, if used)			
Last name	First	Relationship	Social Security number
Birth date	Gender	Address/City/State/ZIP	



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Spousal Acknowledgment

Complete if applicable: I acknowledge as the spouse of this TRS member that I am aware I am not named the primary beneficiary of the account and would not be entitled to any benefits as such.

Signature of spouse _____ Date _____

Spouse printed name _____

Member and Witness Signatures

KRS 523.100 provides that a person is guilty of unsworn falsification to authorities when, with an intent to mislead a public servant in the performance of his duty, the person makes a material false written statement, which the person does not believe, in an application for any benefit or in a record required by law to be submitted to any governmental agency. Also, KRS 161.690 states no person shall knowingly make any false statement in an attempt to defraud the system.

Unless you submit a Witness Signature Waiver Certification with this form, two adults other than your beneficiaries or spouse must sign as witnesses to your signature.

Member signature	Date
I, the undersigned, of lawful age, certify that I am acquainted with the member signing this form and that the member has requested that I witness this signature.	
First witness signature	Address (include City/State/ZIP)
Second witness signature	Address (include City/State/ZIP)

Return this form to TRS at the address shown at the top of this form.