

TEACHERS' RETIREMENT SYSTEM OF THE STATE OF KENTUCKY

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

Change of Beneficiary for Retired Member

(for Option I or II only)

Last name	First name	Middle name	Title
TRS member ID or SS#	Date of retirement	Retirement plan option I or II	
		Option _____	

This application is provided for your re-election of beneficiary for your Teachers' Retirement account. This form may be used to designate only a natural person as beneficiary, unless you selected Option I at retirement, in which case you may use this form to designate only a natural person or your estate as beneficiary.

In accordance with KRS 161.630, a beneficiary designation may be changed after the effective date of retirement for those retirees who select a retirement plan with Option I - Straight Life Annuity with a refundable balance or Option II - Term Certain and Life Thereafter. Under either option, you may name one or more beneficiaries.

The change of beneficiary/beneficiaries will become effective immediately when this application is properly filed with the TRS office.

DESIGNATION OF BENEFICIARY

I, _____, hereby name the following persons(s) to participate with me under my retirement option plan:

#1: This Individual is MY (ONE MUST BE CHECKED): Primary OR Co-Beneficiary

Last name		First name	Relationship	Social Security number
Date of birth	Gender	Address/City/State/ZIP		

#2: This Individual is MY (ONE MUST BE CHECKED): Co-Beneficiary OR Contingent Beneficiary

Last name		First name	Relationship	Social Security number
Date of birth	Gender	Address/City/State/ZIP		

#3: This Individual is MY (ONE MUST BE CHECKED): Co-Beneficiary OR Contingent Beneficiary

Last name		First name	Relationship	Social Security number
Date of birth	Gender	Address/City/State/ZIP		

#4: This Individual is MY (ONE MUST BE CHECKED): Co-Beneficiary OR Contingent Beneficiary

Last name		First name	Relationship	Social Security number
Date of birth	Gender	Address/City/State/ZIP		



This form is not valid unless dated, signed and witnessed on the reverse side.

This Designation of Beneficiary has been executed on the _____ day of _____, 20_____, and is to remain in full force and effect until changed by me.

Signature of member	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Current mailing address	City /State /ZIP

COMPLETE IF APPLICABLE: I acknowledge as the spouse of the retired member that I am not the named beneficiary and would not be entitled to any benefits, or as a Co-Beneficiary would share equally with the other named Beneficiaries listed any remaining benefits, in the event of the member's death. **Required by state law (KRS 65.154).**

Spouse's signature _____ Spouse's printed name _____ Date _____, 20_____

WITNESSES (Witnesses must be two adults other than your beneficiaries.)

NOTE TO WITNESSES: We, the undersigned, of lawful age, certify that we are acquainted with the member (and spouse of member if applicable) signing this Change of Beneficiary form and that such member (and spouse of member if applicable) has requested us to witness his or her signature as his or her free act and deed.

Signature of WITNESS #1	Printed name	Date of signature
Signature of WITNESS #2	Printed name	Date of signature