

Selection of Retirement Plan



1 MEMBER INFORMATION

Please type or use only black or blue ink and do not highlight. Any corrections must be initialed.

Member's Name (first, middle, last) _____ TMRS ID Number (not required) _____ Social Security Number _____

Mailing Address _____ City _____ State _____ Zip _____ Daytime Phone Number _____

2 MARITAL STATUS (must check one): Married Not married (If married, see Spousal Consent section 6 below.)

3 PRIMARY BENEFICIARY DESIGNATION (Limit 3) Please read instructions carefully. If desired, alternate beneficiary designations may be completed on page 2. For more information about designating custodians for minors (under 21), please see the attached instructions.

▶ _____
Beneficiary's Full Name (first, middle, last) _____ Social Security Number _____

Male Female • Relationship: Spouse Non-Spouse _____
Date of Birth (MM/DD/YYYY) _____

Custodian's Name if beneficiary age under 21 (optional) _____ Custodian's Relationship to Beneficiary _____

▶ _____
Beneficiary's Full Name (first, middle, last) _____ Social Security Number _____

Male Female • Relationship: Spouse Non-Spouse _____
Date of Birth (MM/DD/YYYY) _____

Custodian's Name if beneficiary age under 21 (optional) _____ Custodian's Relationship to Beneficiary _____

▶ _____
Beneficiary's Full Name (first, middle, last) _____ Social Security Number _____

Male Female • Relationship: Spouse Non-Spouse _____
Date of Birth (MM/DD/YYYY) _____

Custodian's Name if beneficiary age under 21 (optional) _____ Custodian's Relationship to Beneficiary _____

4 RETIREMENT OPTIONS Please read instructions before completing, and check only one box.

Retiree Life Only Benefit (up to 3 beneficiaries) | **Retiree Life – Survivor Benefits** (only 1 beneficiary) | **Retiree Life – Guaranteed Term Benefits** (up to 3 beneficiaries)

100% 75% 50% | 5 yr 10 yr 15 yr

5 MEMBER SIGNATURE REQUIRED • Making false or misleading statements on any form submitted to TMRS is a violation of State law and has criminal and potential civil liability. For this account only, I hereby revoke all prior beneficiary designations. I direct TMRS to pay, after I die, all of my TMRS benefits for this account (including Supplemental Death Benefit (SDB), if any) to the beneficiary(ies) listed on this form. If a beneficiary dies, or I divorce a beneficiary (and I have not chosen a Retiree Life-Survivor option), then this designation becomes void for that person. If I name more than one beneficiary, my benefits will be divided equally among surviving primary beneficiaries, unless otherwise stated. I understand that if I or my designated beneficiary(ies) should die before recovering the amount of the accumulated deposits and interest in my individual account at the time of retirement (reduced by any partial lump sum distribution taken), the remaining balance will be paid to my estate or beneficiary. BY SIGNING THIS FORM, I CERTIFY THAT I HAVE READ THE ATTACHED INSTRUCTIONS, MY MARITAL STATUS IS CORRECT, AND ALL OF THE INFORMATION I HAVE PROVIDED IS CORRECT.

Member's Signature _____ Date Signed (MM/DD/YYYY) _____

6 SPOUSAL CONSENT (only to be completed for certain cases, see below)

Your spouse must complete this section in front of a notary **only** if you are married **and** if one of the following scenarios apply:

- You choose a Retiree Life – Survivor Benefit (100%, 75%, or 50%) option **and** your spouse is not designated as your **only** primary beneficiary; or
- You choose a Retiree Life – Guaranteed Term (5-year, 10-year, or 15-year) option; or
- You choose the Retiree Life Only Benefit option.

I understand that I may require my spouse to name me as a beneficiary under a Survivor Life benefit. Nevertheless, I hereby consent to the beneficiary(ies) designated and the retirement option selected.

Spouse's Printed Name _____ Spouse's Signature _____

State of _____ County of _____

This instrument was acknowledged before me on the ____ day of _____, 20 _____,

by _____
Name of Spouse

Notary Public, State of _____

(Name of State)

(SEAL ▶)



PURPOSE

This form allows you, to make your beneficiary designation and select your retirement option at the time of retirement.

- This beneficiary designation only applies to the account you are intending to retire from.
- Your beneficiary designation is effective immediately and revokes all previous beneficiary designations even if your retirement does not become effective.

DESIGNATING YOUR BENEFICIARY

- The number of beneficiaries you can designate will depend on the retirement option you select.
- You may designate up to three primary beneficiaries and up to three alternate beneficiaries if you have selected either the Retiree Life Only Benefit or one of the Retiree Life - Guaranteed Term Benefits.
- Unless directed otherwise in writing on this form, your benefits will be paid equally to the surviving primary beneficiaries, or equally to the surviving alternate beneficiaries, only if the designation with respect to each primary beneficiary is revoked by divorce (if designated as a spouse on the form) or death. Contact TMRS for instructions on how to provide for unequal distributions.
- If you desire to designate alternate beneficiaries, you must complete pages 1 and 2 of this form and submit both pages. TMRS will not accept page 2 without page 1.

EXPLAINING YOUR RETIREMENT OPTIONS

RETIREE LIFE ONLY BENEFIT - A retirement benefit payable monthly as long as you live. Upon your death all payments will cease, even though you may have received only one monthly payment. You can change your beneficiary designation at any time. You may designate up to three primary beneficiaries and up to three alternate beneficiaries. If you die prior to having recovered the amount of accumulated contributions and interest in your individual account at the time of retirement (reduced by any partial lump sum distribution to you), the remaining balance will be paid to your beneficiary(ies) or estate.

RETIREE LIFE – SURVIVOR BENEFITS - A retirement benefit payable monthly as long as you live. At your death, your beneficiary will receive a percentage of the benefit (possible percentages below). **ONLY 1** beneficiary may be designated and you cannot change your beneficiary after your effective retirement date (unless your beneficiary dies before you and you remarry— please call TMRS directly for more information). If you and your designated primary beneficiary die prior to having recovered the amount of accumulated contributions and interest in your individual account at the time of retirement, the remaining balance will be paid to your alternate beneficiary(ies) or your estate. If you elect to receive a partial lump sum distribution on the effective date of your retirement, your remaining balance will be reduced by the same dollar amount.

- **100%** - A retirement benefit payable monthly as long as you live. At your death, your beneficiary will receive 100% (the full amount) of the monthly benefit for as long as he or she lives. If your beneficiary dies before you, the monthly payments you receive after that will be increased to the amount that would have been payable as a Retiree Life Only Benefit. Due to IRS regulations, members may not be eligible to select the 100% Retiree Life Survivor Benefit if they designate a non-spouse beneficiary who is more than 10 years younger than the member.
- **75%** - A retirement benefit payable monthly as long as you live. At your death, your beneficiary will receive 75% (three-fourths) of the monthly benefit for as long as he or she lives. If your beneficiary dies before you, the monthly payments you receive after that will be increased to the amount that would have been payable as a Retiree Life Only Benefit. Due to IRS regulations, members may not be eligible to select the 75% Retiree Life Survivor Benefit if they designate a non-spouse beneficiary who is more than 19 years younger than the member.
- **50%** - A retirement benefit payable monthly as long as you live. At your death, your beneficiary will receive 50% (one-half) of the monthly benefit for as long as he or she lives. If your beneficiary dies before you, the monthly payments you receive after that will be increased to the amount that would have been payable as a Retiree Life Only Benefit.

RETIREE LIFE – GUARANTEED TERM BENEFITS - A retirement benefit payable monthly as long as you live. However, should you die before the expiration of the designated period (possible terms below) after the date of retirement, your designated beneficiary will receive the same monthly benefit for the balance of the designated period, then all payments cease. You may designate up to three primary beneficiaries and up to three alternate beneficiaries and you can change your beneficiary designation at any time.

- **5 yr** - A retirement benefit payable monthly as long as you live. However, should you die before the expiration of a 5-year period after the date of retirement, your designated beneficiary will receive the same monthly benefit for the balance of the 5-year period, then all payments cease.
- **10 yr** - A retirement benefit payable monthly as long as you live. However, should you die before the expiration of a 10-year period after the date of retirement, your designated beneficiary will receive the same monthly benefit for the balance of the 10-year period, then all payments cease.
- **15 yr** - A retirement benefit payable monthly as long as you live. However, should you die before the expiration of a 15-year period after the date of retirement, your designated beneficiary will receive the same monthly benefit for the balance of the 15-year period, then all payments cease.

Alternate Beneficiary Section (optional)

SPECIAL INSTRUCTION: Completion of this section is optional. If completed, page 2 must accompany page 1 when submitted to TMRS.

7 MEMBER INFORMATION • Please type or use only black or blue ink and do not highlight. Any corrections must be initialed.

Member's Name (first, middle, last) _____ TMRS ID Number (not required) _____ Social Security Number _____

8 DESIGNATING AN ALTERNATE BENEFICIARY (LIMIT 3) Please read instructions before completing. Unless otherwise specified, benefits will be divided equally among surviving alternate beneficiaries, only if the designation with respect to each primary beneficiary designated on page 1 of this form is revoked by reason of divorce (if designated as a spouse on the form) or death.



Beneficiary's Full Name (first, middle, last) _____ Social Security Number _____
 Male Female • Relationship: Spouse Non-Spouse _____
Date of Birth (MM/DD/YYYY) _____
Custodian's Name if beneficiary age under 21 (optional) _____ Custodian's Relationship to Beneficiary _____



Beneficiary's Full Name (first, middle, last) _____ Social Security Number _____
 Male Female • Relationship: Spouse Non-Spouse _____
Date of Birth (MM/DD/YYYY) _____
Custodian's Name if beneficiary age under 21 (optional) _____ Custodian's Relationship to Beneficiary _____



Beneficiary's Full Name (first, middle, last) _____ Social Security Number _____
 Male Female • Relationship: Spouse Non-Spouse _____
Date of Birth (MM/DD/YYYY) _____
Custodian's Name if beneficiary age under 21 (optional) _____ Custodian's Relationship to Beneficiary _____

9 MEMBER SIGNATURE REQUIRED

If you complete any part of page 2, your signature is required on both pages 1 and 2.

I acknowledge that I am signing this form again, on this page 2, because I have elected to name an alternate beneficiary(ies) in addition to my primary beneficiary(ies). If I name more than one primary or alternate beneficiary, my benefits will be paid to the surviving primary beneficiaries in equal shares (unless I have otherwise directed on this form) or in equal shares to the surviving alternate beneficiaries if I am not survived by any primary beneficiary(ies). If a beneficiary dies, or I divorce a beneficiary (and I have not chosen a Retiree Life-Survivor option), then this designation becomes void for that person. BY SIGNING THIS FORM, I CERTIFY THAT I HAVE READ THE ATTACHED INSTRUCTIONS, MY MARITAL STATUS IS CORRECT, AND ALL OF THE INFORMATION I HAVE PROVIDED IS CORRECT.

Member's Signature _____ Date Signed (MM/DD/YYYY) _____

SPOUSAL CONSENT

Spousal Consent is only needed if you are married and if one of the following scenarios apply:

- You choose a Retiree Life –Survivor Benefit (100%, 75%, or 50%) option and your spouse is not designated as your only primary beneficiary; or
- You choose a Retiree Life – Guaranteed Term (5-year, 10-year, or 15-year) option; or
- You choose the Retiree Life Only Benefit option.

ESTATE, TRUST, AND CHARITY DESIGNATIONS

- If you wish to designate your estate as beneficiary, please write only the word “ESTATE” in the space provided for the name of the beneficiary. The Retiree Life-Survivor Benefit (100%, 75%, or 50%) is not an option with an Estate beneficiary. IRS regulations may require TMRS to distribute payments to an Estate within 5 years.
- If you wish to designate a charity as beneficiary, please write the name of the charity (i.e., American Heart Association) in the space provided for the name of the beneficiary. The Retiree Life-Survivor Benefit (100%, 75%, or 50%) is not an option with a charity beneficiary.
- If you wish to designate a trust, please write “Trustee of the (enter name of trust here)” in the space provided for the name of the beneficiary. Please ensure that you have a legal trust agreement in place prior to designating a “Trust” on this form.
 - TMRS will accept the designation of a Trust. However, we cannot assure that if and when a benefit becomes payable from TMRS, the designation will be legally valid. In other words, if the trustee does not accept or has died, or if the trust has been revoked, or if for any other reason the designation is not legally sufficient at the time of the member’s death, the benefit due from TMRS will be paid in accordance with the provisions of the TMRS Act as if no trust/trustee had been designated.
 - The Retiree Life-Survivor Benefit (100%, 75%, or 50%) is not an option with a trust beneficiary, where the trust has more than one beneficiary. A trust that may be revoked is not a ‘designated beneficiary’ under the Internal Revenue Code, and may not receive retirement system benefit payments for a period longer than 5 years.

IMPORTANT: SUPPLEMENTAL DEATH BENEFITS (SDB)

- If your employer provides Supplemental Death Benefits (SDB) for retirees, and you are retired at the time of your death, TMRS will pay a one-time lump sum payment of \$7,500. If eligible, your beneficiary will only receive one Supplemental Death Benefit based on your status as an active employee or a retired member at the time of your death. If your employer provides Supplemental Death Benefits (SDB) and you die while employed, TMRS will pay a one-time lump sum payment approximately equal to one year’s salary based on the 12 months prior to death.
- The SDB payment will be paid to the beneficiary(ies) designated on this form, even if you have previously designated a different SDB beneficiary.
- If you wish to designate a different beneficiary(ies) other than the person(s) designated on this form to receive the SDB payment, you will need to complete and submit the Supplemental Death Benefits Beneficiary Designation form at the same time or after you submit this form.

RULES FOR DESIGNATING MINOR CHILDREN

Chapter 141 of the Texas Property Code is the Texas Uniform Transfers to Minors Act (TUTMA), which allows you to nominate a “custodian” to receive TMRS benefits on behalf of your minor beneficiary. If you wish to designate a minor (under 21) child, please write the full name and all information pertaining to the minor child in the “Primary Beneficiary” or “Alternate Beneficiary” section of the form. Then complete the custodian information next to each child’s name.

- Only adults at least 21 years of age, financial institutions, corporations, or other legal entities may serve as custodians.
- You cannot nominate two or more custodians to serve jointly for a single beneficiary. However, you may nominate a substitute custodian to serve in the event the first nominated custodian dies before any payment is made, declines, or is ineligible to serve. Please contact TMRS for instructions on how to nominate a substitute custodian.
- If the same custodian is named for all minors, that custodian would receive separate benefit payments for each minor.
- When the minor beneficiary reaches age 21, the custodianship for that beneficiary is terminated and any TMRS benefits that become payable will be paid directly to that beneficiary.
- The designated custodian can select any benefit option that the minor could select if the minor were an adult.
- The minor’s Social Security number is used for IRS reporting purposes.

TMRS WILL NOT ACCEPT

- Attachments (listing additional beneficiaries)
- Alterations without being initialed
- An incomplete form or any attempt to change its pre-printed provisions
- An unacceptable designation

GOVERNING LAW

In the event of an irreconcilable conflict between the terms of this form and the terms of the laws and rules governing TMRS, the laws and rules shall control.