



MONTANA TEACHERS' RETIREMENT SYSTEM

1500 East Sixth Avenue
P O Box 200139
Helena, MT 59620-0139
(406) 444-3134

BENEFICIARY DESIGNATION FORM

Please check all that apply: New Member Change of Beneficiary Name Change Other: _____

PERSONAL DATA (Must reflect your legal name. Please type or print legibly in dark ink):

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN/PREVIOUS MARRIED NAME	SOCIAL SECURITY #
MAILING ADDRESS			CITY/STATE/ZIP	SEX (M/F) DATE OF BIRTH

BENEFICIARY DESIGNATION INSTRUCTIONS

You may designate your estate as the beneficiary. However, a lump sum payment of the member's account balance is the only benefit available under this designation.

Primary Beneficiary: The primary beneficiary is the person(s) who will be eligible to receive a benefit on this account at the time of your death. The benefit available will be determined based on your years of creditable service with the Montana Teachers' Retirement System (TRS). If you wish to designate more than one primary beneficiary, cross out the words "1st Contingent" and "2nd Contingent", etc., and connect all names with the word "**and**" (Doe, Jane **and** Doe, John).

Contingent Beneficiary: Contingent beneficiary(ies) will be eligible to receive a benefit only in the event that all primary beneficiary(ies) precede you in death.

If your primary beneficiary(ies) does not survive you, the benefit payable will be paid to the 1st contingent beneficiary(ies). You may name as many contingent beneficiaries as you wish. If the person named as a contingent beneficiary has not survived you, a lump sum payment will be made payable to your estate.

If you would like to list your spouse as your primary beneficiary and your children to share equally if your spouse does not survive you, you should list all the children as 1st contingent beneficiaries with all their names connected with the word "**and**". In this way, each child will receive an equal portion of benefits payable on your account. If you list each child separately as 1st contingent beneficiary, 2nd contingent beneficiary, etc., the 1st contingent will be eligible to receive benefits payable on your account; the 2nd contingent would be paid only if the 1st contingent preceded you in death, and so on.

DESIGNATION OF BENEFICIARY: Please provide all requested information for each beneficiary. The complete legal name, social security number, date of birth and relationship are required.

I hereby nominate and appoint the person(s), or estate named below as the designated beneficiary(ies) of my Montana TRS account. In the event of my death, I authorize and direct the Retirement Board to pay named beneficiary(ies) as designated. I understand the named beneficiary(ies) may be eligible to elect to receive a lump-sum refund of the accumulated account balance or a monthly retirement benefit as provided by §19-20-1001 MCA. If joint beneficiaries are named below to share equally and any should not survive me, I direct the Retirement Board to pay said amount in equal shares to the surviving joint beneficiaries and to pay the total amount to the surviving beneficiary should only one of the joint beneficiaries named survive me. I reserve the right to change my beneficiary(ies) at any time by filing, with the Retirement Board, written notice of such change on the form provided by the Retirement Board for that purpose. I understand that this designation of beneficiary(ies) will be canceled by the withdrawal of my account.

PRIMARY BENEFICIARY	1ST CONTINGENT BENEFICIARY	2ND CONTINGENT BENEFICIARY
Last Name _____ First Name _____ MI _____ Social Security Number _____ Male/Female _____ Date of Birth _____ Relationship _____ Mailing Address _____ City _____ State _____ Zip Code _____	Last Name _____ First Name _____ MI _____ Social Security Number _____ Male/Female _____ Date of Birth _____ Relationship _____ Mailing Address _____ City _____ State _____ Zip Code _____	Last Name _____ First Name _____ MI _____ Social Security Number _____ Male/Female _____ Date of Birth _____ Relationship _____ Mailing Address _____ City _____ State _____ Zip Code _____

3RD CONTINGENT BENEFICIARY	4TH CONTINGENT BENEFICIARY	5TH CONTINGENT BENEFICIARY
Last Name _____ First Name _____ MI _____ Social Security Number _____ Male/Female _____ Date of Birth _____ Relationship _____ Mailing Address _____ City _____ State _____ Zip Code _____	Last Name _____ First Name _____ MI _____ Social Security Number _____ Male/Female _____ Date of Birth _____ Relationship _____ Mailing Address _____ City _____ State _____ Zip Code _____	Last Name _____ First Name _____ MI _____ Social Security Number _____ Male/Female _____ Date of Birth _____ Relationship _____ Mailing Address _____ City _____ State _____ Zip Code _____

If additional space is needed for beneficiary designation, please contact the TRS and request the Beneficiary Designation – Attachment Form or visit our website at <http://www.trs.doa.state.mt.us> to obtain the form.

_____/_____/_____
 SIGNATURE OF MEMBER (Must reflect your legal name) DATE

WITNESS: *Two adults other than the beneficiaries must sign as witnesses to your signature. If this form does not contain the signature of two witnesses, this form is invalid.

We, the undersigned, of lawful age, certify that we are acquainted with the member signing this Designation of Beneficiary and that such member has requested us to witness their signature as their free act and deed.

_____/_____/_____
 *SIGNATURE OF WITNESS DATE

_____/_____/_____
 *SIGNATURE OF WITNESS DATE