



TEACHERS' RETIREMENT SYSTEM OF OKLAHOMA

PO BOX 53524 OKLAHOMA CITY, OKLAHOMA 73152

LOCAL: (405) 521-2387 TOLL FREE: (877) 738-6365

INSTRUCTIONS FOR COMPLETING BENEFICIARY DESIGNATION FORM 2R

This beneficiary form applies to retired members of the Teachers' Retirement System of Oklahoma (TRS). If you are not retired and wish to update or make changes to your beneficiary designation, please use Beneficiary Designation Form 2A. The beneficiary designations you make on this form revoke and replace all prior beneficiary designations with TRS. Your designations do not become effective until this form is **signed by you** and **received** by TRS. Do not alter this form. **Remember to keep a copy of your completed form for your records.**

It is very important that you provide the **full legal name, address, relationship, date of birth, and Social Security number** of each beneficiary you designate. This information is essential in ensuring that your named beneficiaries can be located and receive your intended benefit amount. The Beneficiary Designation Form has two Sections: Member Account and Death Benefit.

Section 1. Member Account for Max, Option 1, and Option 4 Retirement Only - DO NOT complete this Section if you are selecting Option 2 or Option 3 Retirement. Upon the death of a retired member, the designated beneficiary(ies) shall receive the member's account balance, if any, as provided by law.

Section 2. Death Benefit - Upon death of a retired member, TRS shall pay to a designated beneficiary(ies) the sum of \$5,000 as a death benefit. This beneficiary may be the same person(s) named in Section 1, or the member may designate some other person(s) to receive this benefit.

Each Section has three parts: Member Information, Primary and Contingent Beneficiary Designation, and Signature and Witness information. **Please print clearly in ink.**

Member Information – Provide your full legal name and SSN or Member ID.

Primary Beneficiary Designation – You can designate one or more primary beneficiaries. All primary beneficiaries share equally unless you note otherwise. In the event that multiple primary beneficiaries are named and a primary beneficiary dies before or simultaneously with you, the remaining primary beneficiary(ies) will be entitled to equal shares of the deceased beneficiary's designated benefit amount.

Contingent Beneficiary Designation – You can designate one or more contingent beneficiaries. Contingent beneficiaries receive benefits only in the event all primary beneficiaries die before or simultaneously with you. All contingent beneficiaries share equally, unless you note otherwise on your form. In the event that multiple contingent beneficiaries are named and a contingent beneficiary dies before or simultaneously with you, the remaining contingent beneficiary(ies) will be entitled to equal shares of the deceased beneficiary's designated benefit amount.

Signature and Witness – You and a witness must sign and date each page of the form. The witness must be a competent person, 18 years of age or older, and shall not be one of the named primary or contingent beneficiaries. There is no requirement that the witness be a notary public.

**Mail completed Beneficiary Designation Forms
to: Teachers' Retirement System of Oklahoma
P.O. Box 53524
Oklahoma City, OK 73152**

BENEFICIARY DESIGNATION (RETIRED)

Member Name _____

Member SSN or TRS Member ID _____

SECTION 1 – MEMBER ACCOUNT FOR MAX, OPTION 1, AND OPTION 4 RETIREMENT ONLY. DO NOT COMPLETE THIS SECTION IF YOU ARE SELECTING OPTION 2 OR OPTION 3 RETIREMENT. Upon the death of a retired member, the designated beneficiary(ies) shall receive the member’s account balance, if any, as provided by law.

A. **PRIMARY BENEFICIARY OR BENEFICIARIES:** It is very important to clearly indicate your primary beneficiary(ies). Upon the death of any designated primary beneficiary, his/her interest shall pass to the surviving primary beneficiary(ies). If multiple primary beneficiaries are named and no percentage distribution is noted, any proceeds payable to such beneficiaries will be divided equally. If you have more than two primary beneficiaries, use a copy of this page to list additional beneficiaries.

1. I hereby designate _____
Last Name, First, Middle Initial Social Security Number Date of Birth

Relationship Address Percentage (must equal 100%)

2. I hereby designate _____
Last Name, First, Middle Initial Social Security Number Date of Birth

Relationship Address Percentage (must equal 100%)

B. **CONTINGENT BENEFICIARY OR BENEFICIARIES:** Proceeds are paid to contingent beneficiary(ies) only if there is no surviving primary beneficiary(ies) living at the member’s death. If multiple contingent beneficiaries are named and no percentage distribution is noted, any proceeds payable to such beneficiaries will be divided equally. If you have more than two contingent beneficiaries, use a copy of this page to list additional beneficiaries.

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Last Name, First, Middle Initial Social Security Number Date of Birth

Relationship Address Percentage (must equal 100%)

2. I hereby designate _____
Last Name, First, Middle Initial Social Security Number Date of Birth

Relationship Address Percentage (must equal 100%)

Revoking Previous Designation of Beneficiary: By making these elections, I hereby revoke all other former designations made by me and expressly reserve the right to make other and further changes at any time I may elect as provided by law. If there is no designated beneficiary living at the time of my death, any amount due me shall be paid as provided by Oklahoma law.

Member’s Signature Date
The member’s signature must appear exactly as the name appears on the top of this form.

WITNESSED BY: _____
Signature of Witness Printed Name Date

The witness must be a competent person 18 years of age or older and shall not be one of the named primary or contingent beneficiaries. There is **no** requirement that the witness be a notary public.

Minor Beneficiary: Under Oklahoma law, if a minor child (younger than 18 years of age) is designated as beneficiary, it will be necessary that a guardian be appointed by the court before payment is made.

BENEFICIARY DESIGNATION (RETIRED)

Member Name _____

Member SSN or TRS Member ID _____

SECTION 2 – DEATH BENEFIT

Upon death of a retired member, TRS shall pay to a designated beneficiary(ies) the sum of \$5,000 as a death benefit. This beneficiary may be the same person(s) named in Section 1, or the member may designate some other person(s) to receive this benefit.

A. PRIMARY BENEFICIARY OR BENEFICIARIES: It is very important to clearly indicate your primary beneficiary(ies). Upon the death of any designated primary beneficiary, his/her interest shall pass to the surviving primary beneficiary(ies). If multiple primary beneficiaries are named and no percentage distribution is noted, any proceeds payable to such beneficiaries will be divided equally. If you have more than two primary beneficiaries, use a copy of this page to list additional beneficiaries.

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Member's Signature _____ Date _____

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