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**INSTRUCTIONS**

*PLEASE READ CAREFULLY*

- **Please complete this form only if you want to stop receiving retirement allowance and/or annuity payments under Option IV-b, as a result of the death of your only beneficiary. Filing this form would enable you to receive the maximum allowance; consequently, no death benefit would be payable (other than the fractional payment for the month in which you die).**
- **You must attach your beneficiary's certified, original death certificate to this form.**

**In Part A:** All information must be provided.

**In Part B:** You must provide the requested information and sign and date this form.

**In Part C:** You must have this form notarized.





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Please read the instructions before completing this form.

(NOTE: Please print in black or blue ink, and initial any changes that you make on this form.)

**PART A:** All information must be provided.

First Name <input type="text"/>	MI <input type="text"/>	Last Name <input type="text"/>	Social Security Number (last 4 digits only) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Permanent Home Address <input type="text"/>		Apt. No. <input type="text"/>	TRS Retirement Number <input type="text"/>
City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>	Primary Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile) ( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			Alternate Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile) ( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please keep your personal information with TRS up to date. We will update our records based on the information you provide above, so *do not enter a temporary address*; instead, TRS suggests that you consult the U.S. Postal Service about having your mail forwarded on a temporary basis. To register any changes to your permanent address (and/or phone number), please access our website or file a "Member's Change of Address Form" (code DM13) with TRS.

If you are providing new information above, please indicate the effective date:   /   /

**PART B:** Please complete the following and sign below.

I, \_\_\_\_\_, hereby elect to terminate my postretirement payments under Option IV-b, effective on the date that I file this form. In accordance with the provisions of Chapter 779 of the Laws of 1983, I have attached my beneficiary's certified, original death certificate. I understand that I will receive a newly calculated

(check one or both) ☐ Maximum Retirement Allowance (under the Qualified Pension Plan (QPP));  
☐ Maximum Annuity (under the Tax-Deferred Annuity (TDA) Program);

I further understand that all payments (other than the fractional payment for the month in which I die) will cease upon my death.

MEMBER'S SIGNATURE \_\_\_\_\_

DATE (M/D/Y) \_\_\_\_\_

State of \_\_\_\_\_ )  
 ) s.s.:  
County of \_\_\_\_\_ )

Signature: \_\_\_\_\_

Official Title: \_\_\_\_\_ Expiration Date of Commission: \_\_\_\_\_