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**INSTRUCTIONS**

*PLEASE READ CAREFULLY*

**Please file this form only if you want to designate more beneficiaries than space allows on your “Beneficiary’s Election Form for Method of Payment” (DB12) or your “Beneficiary’s Designation of Beneficiary Form” (DB16). This form is valid only if it is filed with one of these forms, which must be completed and notarized.**

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

**In Part B:** You must indicate whether you are filing this form with a “Beneficiary’s Election Form for Method of Payment” or a “Beneficiary’s Designation of Beneficiary Form.”

**In Part C:** You must provide all information about your beneficiary(ies). Please consult the “Beneficiary’s Election Form for Method of Payment” or the “Beneficiary’s Designation of Beneficiary Form” for instructions on completing this part.

**In Part D:** You must sign and date this form.

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





CONTINUED FROM PAGE 1

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Please read the instructions on page 1 before completing this form.

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

**PART A:** Please provide the information below.

First Name	MI	Last Name	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"/> <input type="text"/> <input type="text"/> <input type="text"/>
Permanent Home Address	Apt. No.		TRS Beneficiary Number
<input type="text"/>	<input type="text"/>		<input type="text"/>
City	State	Zip Code	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"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email Address			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"/> <input type="text"/>

☐ Check here if you entered new contact information above. TRS will then update our records based on what you entered.

Please keep your contact information up to date. You can visit our website to update your contact information anytime, or file a "Beneficiary's Change of Address Form" (code DM14) with TRS.

**PART B:** Please check one of the following to indicate which form you are filing in conjunction with this form, and write your initials in the space next to your choice.

☐ "Beneficiary's Election Form for Method of Payment" (code DB12)

☐ "Beneficiary's Designation of Beneficiary Form" (code DB16)

**PART C:** Please provide all information about each beneficiary that you designate.

1. Beneficiary's First Name	MI	Last Name	Social Security Number
<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"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home Address			Relationship to You
<input type="text"/>			<input type="text"/>
City	State	Zip Code	Date of Birth (MM/DD/YYYY)
<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"/> <input type="text"/>
			Percent (if applicable)
			<input type="text"/> <input type="text"/> %
2. Beneficiary's First Name	MI	Last Name	Social Security Number
<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"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home Address			Relationship to You
<input type="text"/>			<input type="text"/>
City	State	Zip Code	Date of Birth (MM/DD/YYYY)
<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"/> <input type="text"/>
			Percent (if applicable)
			<input type="text"/> <input type="text"/> %

**PART C** (continued):

3. Beneficiary's First Name	MI	Last Name	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Home Address	<input type="text"/>		Relationship to You
<input type="text"/>	<input type="text"/>		Date of Birth (MM/DD/YYYY)
City	State	Zip Code	<input type="text"/> /
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Percent (if applicable)
			<input type="text"/> %

  

4. Beneficiary's First Name	MI	Last Name	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Home Address	<input type="text"/>		Relationship to You
<input type="text"/>	<input type="text"/>		Date of Birth (MM/DD/YYYY)
City	State	Zip Code	<input type="text"/> /
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Percent (if applicable)
			<input type="text"/> %

  

5. Beneficiary's First Name	MI	Last Name	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Home Address	<input type="text"/>		Relationship to You
<input type="text"/>	<input type="text"/>		Date of Birth (MM/DD/YYYY)
City	State	Zip Code	<input type="text"/> /
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Percent (if applicable)
			<input type="text"/> %

**PART D:** Please read the following and sign below.

*I certify that I am filing this form in conjunction with a "Beneficiary's Election Form for Method of Payment" (code DB12) or a "Beneficiary's Designation of Beneficiary Form" (code DB16) because I want to designate an additional beneficiary(ies) for whom space is not provided on that form. I hereby request that any benefits payable after my death be paid in accordance with my designations in Part C and my designations on the above-mentioned form.*

SIGNATURE \_\_\_\_\_ DATE (MM/DD/YYYY) \_\_\_\_\_

**PART E:** TO BE COMPLETED BY A NOTARY (NOTE: Attestation made outside the U.S. must be executed before an American consul.)

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

On the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared the person known to me to be \_\_\_\_\_, the individual who executed the foregoing instrument and acknowledged to me that (s)he executed the same.

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

Official Title: \_\_\_\_\_

Expiration Date of Commission: \_\_\_\_\_