

TEACHERS' RETIREMENT SYSTEM OF THE STATE OF KENTUCKY

479 Versailles Road, Frankfort, KY 40601 | 800-618-1687

Designation of Beneficiary for TRS Life Insurance Benefit

Full-time members of the Teachers' Retirement System of (TRS) are covered by a life insurance benefit provided by KRS 161.655. TRS statutes permit an active or retired member to designate a beneficiary to receive the life insurance payment. If a beneficiary is not designated, the life insurance benefit will be made to the member's estate.

You may name **only** ONE person, funeral home, a trust pre-approved by TRS or your estate as your PRIMARY BENEFICIARY. Additionally, you may name **only** ONE person, funeral home, a trust pre-approved by TRS or your estate as a CONTINGENT BENEFICIARY to receive this benefit in the event your Primary Beneficiary predeceases you.

This section may be used to designate a beneficiary for **only** the life insurance benefit and is not affected by or contingent upon the beneficiary/beneficiaries named for your retirement account. If you are a retired member of TRS and selected an option that includes a monthly payment to a beneficiary in the event of your death, this designation does not change that beneficiary.

Upon receipt, the completed form will be placed in your TRS file. Please complete legibly and in ink, retaining a copy for your records.

State statute requires that if you have a living spouse and you designate someone else as your primary beneficiary, the spouse must sign below to acknowledge he or she is not named as the primary beneficiary.

Beneficiary Designation For the TRS Life Insurance Benefit

In the event of my death, I direct the Board of Trustees of the Teachers' Retirement System to pay my life insurance benefit to:

#1: PRIMARY BENEFICIARY (One person only)

First name	Last name	Relationship	Gender
Address/City/State/ZIP		Date of birth	Social Security number

The **Contingent Beneficiary** becomes entitled to this benefit in the event your primary beneficiary predeceases you.

#2: CONTINGENT BENEFICIARY (One person only)

First name	Last name	Relationship	Gender
Address/City/State/ZIP		Date of birth	Social Security number

This **Designation of Beneficiary** has been executed on the _____ day of _____, 20____, and is to remain in full force and effect until changed by me.

MARITAL STATUS (ONE MUST BE CHECKED): Single Married Divorced Widowed

Signature of member	TRS Member ID	Current phone number	Email address
Printed name	Address/City/State/ZIP		

COMPLETE IF APPLICABLE: I acknowledge, as the spouse of the above named TRS member, that I am not the named primary beneficiary of this benefit and I am not entitled to any life insurance benefit from Teachers' Retirement System upon the death of my spouse. Required by state law (KRS 65.154).

Signature of spouse _____ Printed name _____ Date _____

NOTE TO MEMBER: TWO ADULTS OTHER THAN YOUR BENEFICIARIES OR SPOUSE MUST SIGN AS WITNESSES TO YOUR SIGNATURE.

NOTE TO WITNESSES: We, the undersigned, of lawful age, certify that we are acquainted with the member (and spouse of member if applicable) signing this Designation of Beneficiary form and that such member (and spouse of member if applicable) has requested us to witness his or her signature as his or her free act and deed.



Witness #1
Address/City/State/Zip
Witness #2
Address/City/State/Zip