



Teachers' Retirement System of the State of Kentucky

479 Versailles Road
Frankfort, KY 40601-3800
800-618-1687

TRS 4 Active Member Account Beneficiary Designations

These designations are in the event you die before retiring. If married or you marry, your spouse is the primary beneficiary of both the foundational benefit and supplemental benefit unless subsequently designated otherwise. If you have five or more years of service and your spouse is the primary beneficiary, your spouse is eligible for benefits, including possibly an annuity. If you have less than five years, the balance will be paid to your spouse and or other named beneficiaries. **Your spouse's signature is required for any beneficiary designation where the spouse is not named as your primary beneficiary.** Your spouse, if the primary beneficiary of the foundational benefit, also may be eligible for survivor benefits and TRS retiree health insurance. Life insurance beneficiaries are named on a separate form.

| | | | |
|--|-------|----------------|--------|
| Member last name | First | Middle initial | Suffix |
| Home mailing address (include City/State/ZIP) | | | |
| Primary email | | Primary phone | TRS ID |
| Marital status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed | | | |

Foundational Benefit Beneficiary Designation

One primary beneficiary or two or more equal co-beneficiaries may be named. Additionally, a contingent beneficiary or beneficiaries may be designated to receive the benefit in the event all other beneficiaries have died. Upon my death, I direct TRS to pay the proceeds of my foundational benefit to the person or persons named below:

| | | | |
|---|--------|------------------------|------------------------|
| <input type="checkbox"/> Primary Beneficiary or <input type="checkbox"/> Co-beneficiary (one must be checked) | | | |
| Last name | First | Relationship | Social Security number |
| Birth date | Gender | Address/City/State/ZIP | |
| <input type="checkbox"/> Co-beneficiary or <input type="checkbox"/> Contingent Beneficiary (one must be checked, if used) | | | |
| Last name | First | Relationship | Social Security number |
| Birth date | Gender | Address/City/State/ZIP | |
| <input type="checkbox"/> Co-beneficiary or <input type="checkbox"/> Contingent Beneficiary (one must be checked, if used) | | | |
| Last name | First | Relationship | Social Security number |
| Birth date | Gender | Address/City/State/ZIP | |
| <input type="checkbox"/> Co-beneficiary or <input type="checkbox"/> Contingent Beneficiary (one must be checked, if used) | | | |
| Last name | First | Relationship | Social Security number |
| Birth date | Gender | Address/City/State/ZIP | |
| Complete if applicable: I acknowledge as the spouse of this TRS member that I am aware I am not named the primary beneficiary of the foundational benefit and would not be entitled to any benefits as such. | | | |
| Signature of Spouse _____ | | Printed name _____ | Date _____ |



Continued on following page

Supplemental Benefit Beneficiary Designation

You may designate **one** primary beneficiary or **two or more equal** co-beneficiaries. Additionally, a contingent beneficiary or beneficiaries may be designated to receive the benefit in the event of the deaths of all other beneficiaries.

Upon my death, I direct TRS to pay the proceeds of my supplemental benefit to the same beneficiaries as designated for my foundational benefit by checking this box or as follows:

| | | | |
|---|--------|------------------------|------------------------|
| <input type="checkbox"/> Primary Beneficiary or <input type="checkbox"/> Co-beneficiary (one must be checked) | | | |
| Last name | First | Relationship | Social Security number |
| Birth date | Gender | Address/City/State/ZIP | |
| <input type="checkbox"/> Co-beneficiary or <input type="checkbox"/> Contingent Beneficiary (one must be checked, if used) | | | |
| Last name | First | Relationship | Social Security number |
| Birth date | Gender | Address/City/State/ZIP | |
| <input type="checkbox"/> Co-beneficiary or <input type="checkbox"/> Contingent Beneficiary (one must be checked, if used) | | | |
| Last name | First | Relationship | Social Security number |
| Birth date | Gender | Address/City/State/ZIP | |
| <input type="checkbox"/> Co-beneficiary or <input type="checkbox"/> Contingent Beneficiary (one must be checked, if used) | | | |
| Last name | First | Relationship | Social Security number |
| Birth date | Gender | Address/City/State/ZIP | |
| <p>Complete if applicable: I acknowledge as the spouse of this TRS member that I am aware I am not named the primary beneficiary of the supplemental benefit and would not be entitled to any benefits as such.</p> <p>Signature of Spouse _____ Printed name _____ Date _____</p> | | | |

Member and Witness Signatures

KRS 523.100 provides that a person is guilty of unsworn falsification to authorities when, with an intent to mislead a public servant in the performance of his duty, the person makes a materially false written statement, which the person does not believe, in an application for any benefit or in a record required by law to be submitted to any governmental agency. Also, KRS 161.690 states no person shall knowingly make any false statement in an attempt to defraud the system.

Unless you submit a Witness Signature Waiver Certification with this form, two adults other than your beneficiaries or spouse must sign as witnesses to your signature.

| | |
|--|----------------------------------|
| Member signature | Date |
| I, the undersigned, of lawful age, certify that I am acquainted with the member signing this form and that the member has requested that I witness this signature. | |
| First witness signature | Address (include City/State/ZIP) |
| Second witness signature | Address (include City/State/ZIP) |

Return this form to TRS at the address shown at the top of this form.