



**CHANGE OF NAME NOTICE**

Date: \_\_\_\_\_

Former Name of Staff Member: \_\_\_\_\_

School/Building Assignment: \_\_\_\_\_

NAME REGISTERED WITH SOCIAL SECURITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

Last four of SS# / Employee ID

\_\_\_\_\_

Home Number

Gender Status                  
                          F            M

Marital Status                

                          M            S

\_\_\_\_\_

Other Number



## **INSTRUCTIONS FOR MAKING A NAME CHANGE**

To change your official name with Cypress-Fairbanks Independent School District, you must:

- print all pages of this document;
- complete the change of name notice; and
- submit the completed form to the Payroll Department.

It is imperative that ALL ITEMS BE RETURNED TO THE PAYROLL DEPARTMENT. Please include a copy of or present the social security card, court documents, government issue ID/driver's license with the new name.

If you are updating your beneficiary on record with Teacher Retirement System, please submit the TRS 15 Designation of Beneficiary form with TRS .

If you are a teacher or paraprofessional, you have the option of changing your name on your Texas Teaching Certificate. If you would like information on how to change the name on your certificate, contact the State Board of Educator Certification (SBEC) at 888-863-5880 or [www.sbec.state.tx.us](http://www.sbec.state.tx.us).

If you have any questions regarding the change of Name Notice forms, please feel free to call the Payroll Department at 281-897-4010.

Thank you.

## EMPLOYEE BENEFITS

TO: CFISD EMPLOYEES  
FROM: INSURANCE DEPARTMENT  
SUBJECT: NAME CHANGE FOR BENEFITS

You only have 30 days from the date of your marriage or other "Qualifying Event" to make changes to your benefit plans.

You can add any newly acquired dependents, terminate your own coverage, or that of your dependents by submitting the required forms and documentation to the Insurance Department located at the MHAB. The forms and instructions are on the Insurance Department's web page on the "Mid-Year Plan Changes" link.

To change the beneficiary on your \$30,000 Basic Life and Accident Death & Dismemberment policy and any Optional life insurance, you will need to log into the **Benefit Solver** online enrollment system and follow the instructions for naming or changing your beneficiary.

If you have any questions about your options or the forms required, please call the Insurance Department at: Last Name A-K: (281) 897-4138

Last Name L-Z: (281) 897-4747



# Designation of Beneficiary

TRS15 (02-20)

1000 Red River Street  
Austin, TX 78701-2698  
(800) 223-8778  
www.trs.texas.gov



Name \_\_\_\_\_ TRS Participant ID or  
Social Security Number \_\_\_\_\_

Complete this form TRS15 to designate a beneficiary(ies) for active member death benefits or retiree survivor benefits. Please see the enclosed *Instructions and Information for Designating a Beneficiary* form (TRS677) for important information about completing this form and how TRS will use this form. This form TRS15 cannot be used to designate a beneficiary(ies) for monthly retirement benefits under an optional retirement payment plan (Option 1, 2, 3, 4, or 5). If you wish to change your beneficiary under an optional retirement payment plan, request a Change of Beneficiary for Continuing Optional Retirement Annuity form from TRS. *Please type or print in ink with corrections initialed. No attachments may be made to this form.*

## PRIMARY BENEFICIARY OR JOINT PRIMARY BENEFICIARIES

I designate the following person(s) as my primary beneficiary(ies) to receive the benefits described above that may be payable by TRS upon my death (surviving designated joint primary beneficiaries will receive equal portions, share and share alike):

Name	Social Security Number	Relationship	Date of Birth	Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## ALTERNATE BENEFICIARY OR JOINT ALTERNATE BENEFICIARIES

In the event the primary beneficiary(ies) predeceases me, waives the benefits, or is ineligible to receive the benefits, I designate the following person(s) as my alternate beneficiary(ies), to receive the benefits described above that may be payable by TRS upon my death (surviving designated joint alternate beneficiaries will receive equal portions, share and share alike):

Name	Social Security Number	Relationship	Date of Birth	Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

When received by TRS, this form revokes any previous beneficiary designation for active member death benefits or retiree survivor benefits made by you. A blank designation of beneficiary on a TRS form that is signed by you revokes any previous designation for the applicable benefits and leaves **no designation of beneficiary**. When no beneficiary is designated, applicable TRS plan terms determine who will receive benefits after your death.

The completed form must be mailed to TRS at the address listed above or faxed to 512.542.6597. Your employer is not authorized to accept this form on your behalf.

Signature of Member or Retiree \_\_\_\_\_

Date \_\_\_\_\_



# Instruction Sheet for Designation of Beneficiary

TRS677 (09-16)

1000 Red River Street  
Austin, TX 78701-2698  
(800) 223-8778  
www.trs.texas.gov

- YOU MUST USE THE CORRECT TRS FORM. THE TRS FORM MUST INCLUDE AN ORIGINAL SIGNATURE. TRS RECOMMENDS THAT YOU SIGN IN INK AND USE A COLOR OTHER THAN BLACK. PLEASE TYPE OR PRINT YOUR DESIGNATION LEGIBLY.
- If you are physically unable to sign your name, you may instead make a mark on the signature line in the presence of a disinterested witness or a notary. The disinterested witness or notary who witnesses your mark should make a statement near your mark that you intended the mark to be your signature, include his or her name, and sign the statement.
- If you are unable to sign your name or make a mark, you may:
  - Ask a disinterested witness to sign for you. The disinterested witness who signs for you should make a statement near the signature that assistance was requested, include his or her name, and sign the statement.
  - Ask a notary to sign for you in the presence of a disinterested witness. The notary who signs for you should make a statement near the signature that assistance was requested, that the notary signed in the presence of a disinterested witness, and include the name of the disinterested witness.
- TRS must receive a TRS beneficiary form before your death for the beneficiary designation to be effective. Your employer is not authorized to receive the form instead of TRS; do not leave this form with your employer.
- Please provide enough information for TRS to identify you, and to identify and locate your beneficiary after your death (i.e.: your full name and social security number).
- Initial any corrections, mark-outs, or white-outs made on the form to avoid possible disputes. TRS will not accept stipulations or instructions you write on the form for the payment or division of benefits; TRS will pay benefits according to applicable law. No attachments may be made to the form.
- If you designate more than one beneficiary, the surviving beneficiaries will share equally in any applicable benefits payable (share and share alike). This means that if one designated beneficiary dies before you die, then any remaining surviving beneficiaries will receive equal shares of the benefits. Do not stipulate unequal portions to joint beneficiaries.
- If you do not designate a primary beneficiary but you designate an alternate beneficiary, the alternate beneficiary will receive any benefits payable.
- A blank designation of beneficiary on a TRS form that is signed by you revokes any previous designation for the applicable benefits and leaves no designation of beneficiary. When no beneficiary is designated, applicable TRS plan terms determine who will receive benefits after your death. When TRS receives a new beneficiary designation form, it revokes any previous designation for the benefits affected by the form. To add or remove a designated beneficiary, you must complete the new applicable form in its entirety and send it to TRS.
- If you designate a minor, any benefits will be paid to the surviving parent or the court-appointed adult responsible for the minor based on the laws in the minor's state of residence.
- If you wish to have any benefits paid to your estate, designate "my estate" as beneficiary. Your estate can be named as either primary or alternate beneficiary. Your estate must be probated in some manner for TRS to pay benefits to your estate. Naming your estate may delay payment of benefits while the required documents are obtained from the court.
- A divorce will revoke your former spouse as beneficiary for some TRS benefits payable after your death if you designated that person as your beneficiary before the date of your divorce and if TRS receives a certified copy of your divorce decree before paying benefits. If you wish to designate your former spouse as beneficiary, complete a new beneficiary form after the date of the divorce and send it to TRS. Receipt by TRS of a divorce decree does not affect the beneficiary for an Option 1, 2, 3, 4, or 5 retirement payment plan, a remaining partial lump sum option (PLSO) balance, or a remaining deferred retirement option plan (DROP) balance.
- If you die before you receive all of your DROP or PLSO payments, any remaining DROP or PLSO balance will be distributed in the following order: (1) to the beneficiary designated on the "Designation of Beneficiary for Deferred Retirement Option Plan (DROP) Benefits" (form TRS 11D) or the "Designation of Beneficiary for Partial Lump-Sum Payment(s)" (form TRS 12L), as applicable; (2) to the beneficiary designated to receive your retirement benefits; then, (3) to the beneficiary eligible to receive active member death and retiree survivor benefits.

If you have questions or circumstances not covered by these instructions, please contact TRS.