

Supplemental Death Benefits Beneficiary Designation



1 MEMBER INFORMATION

Please type or use only black or blue ink and do not highlight. Any corrections must be initialed.

Member's Name (first, middle, last) _____ TMRS ID Number (not required) _____ Social Security Number _____

Mailing Address _____ City _____ State _____ Zip _____ Daytime Phone Number _____

2 PRIMARY SDB BENEFICIARY DESIGNATION (Limit 3) Please read instructions carefully.

For more information about designating custodians for minors (under 21), please see the attached instructions.



Beneficiary's Full Name (first, middle, last) _____ Social Security Number _____

Male Female • Relationship: Spouse Non-Spouse

_____ Date of Birth (MM/DD/YYYY)

Custodian's Name if beneficiary age under 21 (optional) _____ Custodian's Relationship to Beneficiary _____



Beneficiary's Full Name (first, middle, last) _____ Social Security Number _____

Male Female • Relationship: Spouse Non-Spouse

_____ Date of Birth (MM/DD/YYYY)

Custodian's Name if beneficiary age under 21 (optional) _____ Custodian's Relationship to Beneficiary _____



Beneficiary's Full Name (first, middle, last) _____ Social Security Number _____

Male Female • Relationship: Spouse Non-Spouse

_____ Date of Birth (MM/DD/YYYY)

Custodian's Name if beneficiary age under 21 (optional) _____ Custodian's Relationship to Beneficiary _____

3 ALTERNATE SDB BENEFICIARY DESIGNATION (Limit 3) Please read instructions before completing. Unless otherwise specified, benefits will be divided equally among surviving alternate beneficiaries, only if the designation with respect to each primary beneficiary designated on this form is revoked by reason of divorce (if designated as a spouse on the form) or death.



Beneficiary's Full Name (first, middle, last) _____ Social Security Number _____

Male Female • Relationship: Spouse Non-Spouse

_____ Date of Birth (MM/DD/YYYY)

Custodian's Name if beneficiary age under 21 (optional) _____ Custodian's Relationship to Beneficiary _____



Beneficiary's Full Name (first, middle, last) _____ Social Security Number _____

Male Female • Relationship: Spouse Non-Spouse

_____ Date of Birth (MM/DD/YYYY)

Custodian's Name if beneficiary age under 21 (optional) _____ Custodian's Relationship to Beneficiary _____



Beneficiary's Full Name (first, middle, last) _____ Social Security Number _____

Male Female • Relationship: Spouse Non-Spouse

_____ Date of Birth (MM/DD/YYYY)

Custodian's Name if beneficiary age under 21 (optional) _____ Custodian's Relationship to Beneficiary _____

4 MEMBER SIGNATURE REQUIRED

Making false or misleading statements on any form submitted to TMRS is a violation of State law and has criminal and potential civil liability. I hereby revoke any prior beneficiary designations I have made with regard to a Supplemental Death Benefit (SDB) which may be payable upon my death. I direct TMRS to pay, after I die, all of my SDB, if any, to the beneficiary(ies) listed on this form. If I name more than one primary or alternate beneficiary, my benefits will be paid to the surviving primary beneficiaries in equal shares (unless I have otherwise directed on this form) or in equal shares to the surviving alternate beneficiaries if I am not survived by any primary beneficiary(ies). If a beneficiary dies, or I divorce a beneficiary, then this designation becomes void for that person. BY SIGNING THIS FORM, I CERTIFY THAT I HAVE READ THE ATTACHED INSTRUCTIONS, MY MARITAL STATUS IS CORRECT, AND ALL OF THE INFORMATION I HAVE PROVIDED IS CORRECT.

Member's Signature _____ Date Signed (MM/DD/YYYY) _____

Please read the information provided on the following pages.

TMRS • P.O. Box 149153 • Austin, Texas 78714-9153 • 800.924.8677 • 512.476.7577 • FAX 512.476.5576 • www.tmr.com
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PURPOSE

This form allows you (as an active or retired employee) to make or change your beneficiary designation to receive the Supplemental Death Benefit (SDB), if any, due upon your death, if your employer provides for this benefit. Please visit MyTMRS at www.tmrs.com to see if you are eligible to make or change your SDB beneficiary designation online.

- This SDB designation will apply to all eligible TMRS memberships.
- If your employer provides SDB for active employees and you die while employed, TMRS will pay a one-time lump sum payment approximately equal to one year's salary based on the 12 months prior to death.
- If your employer provides SDB for retirees, and you are retired at the time of your death, TMRS will pay a one-time lump sum payment of \$7,500.
- If eligible, your beneficiary(ies) will only receive one Supplemental Death Benefit based on your status as an active employee or a retired member at the time of your death.

HOW LONG IS THE BENEFICIARY DESIGNATION VALID?

If you submit a new beneficiary designation on any TMRS form after submitting this form, your SDB beneficiary designation on this form will become inoperative. The designation on this form is valid until:

- You submit another valid beneficiary designation selection; or
- You apply for retirement and designate a beneficiary.

DESIGNATING YOUR BENEFICIARY

- You may designate up to three primary beneficiaries and up to three alternate beneficiaries for the SDB benefit, if any.
- Unless directed otherwise in writing on this form, your benefits will be paid equally to the surviving primary beneficiaries, or equally to the surviving alternate beneficiaries, only if the designation with respect to each primary beneficiary is revoked by divorce (if designated as a spouse on the form) or death. Contact TMRS for instructions on how to provide for unequal distributions.

ESTATE, TRUST, AND CHARITY DESIGNATIONS

- If you wish to designate your estate as beneficiary, please write only the word "ESTATE" in the space provided for the name of the beneficiary.
- If you wish to designate a charity as beneficiary, please write the name of the charity (i.e., American Heart Association) in the space provided for the name of the beneficiary.
- If you wish to designate a trust, please write "Trustee of the (enter name of trust here)" in the space provided for the name of the beneficiary. Please ensure you have a legal trust agreement in place prior to designating a "Trust" on this form.
- TMRS will accept the designation of a Trust. However, we cannot assure that if and when a benefit becomes payable from TMRS, the designation will be legally valid. In other words, if the trustee does not accept or has died, or if the trust has been revoked, or if for any other reason the designation is not legally sufficient at the time of the member's death, the benefit due from TMRS will be paid in accordance with the provisions of the TMRS Act as if no trust/trustee had been designated.

RULES FOR DESIGNATING MINOR CHILDREN

Chapter 141 of the Texas Property Code is the Texas Uniform Transfers to Minors Act (TUTMA), which allows you to nominate a "custodian" to receive TMRS benefits on behalf of your minor beneficiary. If you wish to designate a minor (under 21) child, please write the full name and all information pertaining to the minor child in the "Primary Beneficiary" or "Alternate Beneficiary" section of the form. Then complete the custodian information next to each child's name.

- Only adults at least 21 years of age, financial institutions, corporations, or other legal entities may serve as custodians.
- You cannot nominate two or more custodians to serve jointly for a single beneficiary. However, you may nominate a substitute custodian to serve in the event the first nominated custodian dies before any payment is made, declines, or is ineligible to serve. Please contact TMRS for instructions on how to nominate a substitute custodian.
- If the same custodian is named for all minors, that custodian would receive separate benefit payments for each minor.
- When the minor beneficiary reaches age 21, the custodianship for that beneficiary is terminated and any TMRS benefits that become payable will be paid directly to that beneficiary.
- The designated custodian can select any benefit option that the minor could select if the minor were an adult.
- The minor's Social Security number is used for IRS reporting purposes.

TMRS WILL NOT ACCEPT

- Attachments (listing additional beneficiaries)
- Alterations without being initialed
- An incomplete form or any attempt to change its pre-printed provisions
- An unacceptable designation

GOVERNING LAW

In the event of an irreconcilable conflict between the terms of this form and the terms of the laws and rules governing TMRS, the laws and rules shall control.