

CHANGE OF BENEFICIARY FORM

PRIOR TO RETIREMENT

Retirement Systems of Alabama

P. O. Box 302150 ♦ Montgomery, Alabama 36130-2150

(334) 832-4140 or 1-800-214-2158

Web site: www.rsa.state.al.us

Check One:

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Instructions: Please print or type in black ink. Complete the Member Information, Beneficiary Change/Correction, and Member Authorization sections of this form. This form must be signed and notarized for changes to be activated.

Member Information (Must be completed in all cases)

Name: _____ Social Security No.: _____
 First Middle/Maiden Last

Date of Birth: ____ / ____ / ____ Home Phone No.: (____) _____ Membership Status: Active Member
 Inactive Member

Beneficiary Change/Correction

To name multiple beneficiaries, use the back of this form.

DESIGNATION OF PRIMARY BENEFICIARY

Name: _____ Relationship: _____ Date of Birth: _____

_____ Address: _____
Social Security Number Street or P. O. Box City State Zip Code

DESIGNATION OF CONTINGENT BENEFICIARY

Contingent Beneficiaries will receive benefits only if all Primary Beneficiaries are deceased.

Name: _____ Relationship: _____ Date of Birth: _____

_____ Address: _____
Social Security Number Street or P. O. Box City State Zip Code

() Check (✓) if Beneficiary information is continued on the back of this form.

Member Authorization (Must be signed and notarized)

Signature of Member: _____ Date of Signature: ____ / ____ / ____

Notary

STATE OF _____, COUNTY OF _____

On this ____ day of _____, 20____, personally appeared before me, the above named individual and made oath that the statements made are true.

Notary

My Commission Expires: _____

Multiple Beneficiaries Change/Correction (Continued)

DESIGNATION OF PRIMARY BENEFICIARY(IES)

Name: _____ Relationship: _____ Date of Birth: _____

_____-_____-_____- Address: _____
Social Security Number Street or P. O. Box City State Zip Code

Name: _____ Relationship: _____ Date of Birth: _____

_____-_____-_____- Address: _____
Social Security Number Street or P. O. Box City State Zip Code

Name: _____ Relationship: _____ Date of Birth: _____

_____-_____-_____- Address: _____
Social Security Number Street or P. O. Box City State Zip Code

Name: _____ Relationship: _____ Date of Birth: _____

_____-_____-_____- Address: _____
Social Security Number Street or P. O. Box City State Zip Code

Name: _____ Relationship: _____ Date of Birth: _____

_____-_____-_____- Address: _____
Social Security Number Street or P. O. Box City State Zip Code

DESIGNATION OF CONTINGENT BENEFICIARY(IES)

Contingent Beneficiaries will receive benefits only if all Primary Beneficiaries are deceased.

Name: _____ Relationship: _____ Date of Birth: _____

_____-_____-_____- Address: _____
Social Security Number Street or P. O. Box City State Zip Code

Name: _____ Relationship: _____ Date of Birth: _____

_____-_____-_____- Address: _____
Social Security Number Street or P. O. Box City State Zip Code

Name: _____ Relationship: _____ Date of Birth: _____

_____-_____-_____- Address: _____
Social Security Number Street or P. O. Box City State Zip Code

Name: _____ Relationship: _____ Date of Birth: _____

_____-_____-_____- Address: _____
Social Security Number Street or P. O. Box City State Zip Code

Name: _____ Relationship: _____ Date of Birth: _____

_____-_____-_____- Address: _____
Social Security Number Street or P. O. Box City State Zip Code