



Retirement Security for Illinois Educators

Teachers' Retirement System of the State of Illinois
 2815 West Washington Street, P.O. Box 19253
 Springfield, Illinois 62794-9253
 (800) 877-7896 TDD (217) 753-0329
 members@trs.illinois.gov
 trs.illinois.gov

Member Information and Beneficiary Designation Form

First Name	Middle Initial	Last Name	Maiden Name	Social Security number
Date of birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Home telephone number ()		
Street Address		Work telephone number ()	Extension	
City		Cell phone number ()		
State	Zip	E-mail address		
<input type="checkbox"/> Member of other Illinois public employee retirement system (specify system's name)				

By completing this form, a TRS member or annuitant designates beneficiaries to receive death benefits. Information provided on this form will become part of the member's permanent TRS record and will determine distribution of death and survivor benefits. This designation revokes any prior designation. If this current designation is found to be invalid, the most recent designation on file with TRS will remain in effect. Eligibility is determined by the survivor's status at the time of the member's death. Monthly survivor benefits can be paid only to eligible dependent beneficiaries.*

If the automatic designation is selected, do not complete the Beneficiary Refund or Survivor Benefit sections.

<input type="checkbox"/>	Automatic Designation (commonly selected by members with a spouse and/or minor children) In lieu of designating specific beneficiaries, I elect that my dependent beneficiaries, as determined at my death, receive a beneficiary refund and/or survivor benefits. If no dependent beneficiary survives, benefits will be paid to my estate.
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If automatic designation is not selected, you must complete the Beneficiary Refund and Survivor Benefits sections.

Beneficiary Refund				Survivor Benefits			
Primary Beneficiaries				Primary Beneficiaries			
First name	Last	Date of birth	Relationship	First name	Last	Date of birth	Relationship
Alternate Beneficiaries				Alternate Beneficiaries			
First name	Last	Date of birth	Relationship	First name	Last	Date of birth	Relationship

If additional space is required, attach a separate sheet designating primary and alternate persons for Beneficiary Refund and Survivor Benefits. Also include the last four digits of your Social Security number, signature, and date.

No faxed copies accepted. Original signature required.

Member's signature (mandatory)	Date
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Signature pursuant to a General Power of Attorney is not accepted by TRS.

*See reverse for more information.