

**Active Member
Change of
Beneficiary**

Tennessee Consolidated Retirement System

502 Deaderick Street
Nashville, Tennessee 37243-0201
1-800-770-8277 ♦ <http://tcrs.tn.gov>



Please complete this form if you are currently an active member and would like to change your beneficiary on file with the Tennessee Consolidated Retirement System ("TCRS"). Confirmation of your change of beneficiary will be mailed to the address you provide.

SECTION 1. MEMBER INFORMATION

Member ID	Last 4 SSN XXX-XX-	Date of Birth
Full Name		
Mailing Address		
City	State	Zip Code
Email	Phone Number	

The laws governing TCRS provide that you may designate more than one person as your beneficiary. For TCRS purposes, the term "person" means any individual, firm, organization, partnership, association, corporation, estate or trust. **Estates, multiple beneficiaries and institutions are eligible for lump-sum distributions only. If you list two or more persons, you have named multiple beneficiaries and they may share equally in any lump-sum payment. If you have never made contributions to TCRS, no lump-sum payment will be made and your spouse may be the only person eligible for any type death benefit.** If you name your spouse as beneficiary, he/she may be entitled to monthly benefits should you die in service. Secondary or contingent beneficiaries are not permitted. Contact TCRS if you have any questions.

If available, I elect Option 1 for my beneficiary in the event of my death. I, the member, revoke any previous beneficiary nominations and direct that the above designation supersede any previously filed; provided, however, in the event I named my spouse and another person or persons as beneficiary herein and no death benefit is payable as a result thereof, I direct TCRS to revoke such designation and substitute my spouse instead as sole beneficiary.

SECTION 2. BENEFICIARY INFORMATION (If additional space is needed, please attach a separate sheet.)

Individual 1: Full Name

Date of Birth	SSN
Relationship to TCRS Member	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Member's Signature

Date

SECTION 2. BENEFICIARY INFORMATION *(continues)*

Individual 2: Full Name

Date of Birth SSN Gender Male Female

Relationship to TCRS Member

Individual 3: Full Name

Date of Birth SSN Gender Male Female

Relationship to TCRS Member

Individual 4: Full Name

Date of Birth SSN Gender Male Female

Relationship to TCRS Member

Individual 5: Full Name

Date of Birth SSN Gender Male Female

Relationship to TCRS Member

Individual 6: Full Name

Date of Birth SSN Gender Male Female

Relationship to TCRS Member

Institution or Estate 1 (If you name a trust, please attach a copy of the Trust Document):

Name SSN or Tax ID

Address

City State Zip Code

Institution or Estate 2 (If you name a trust, please attach a copy of the Trust Document):

Name SSN or Tax ID

Address

City State Zip Code

Institution or Estate 3 (If you name a trust, please attach a copy of the Trust Document):

Name SSN or Tax ID

Address

City State Zip Code

Member's Signature

Date