



Beneficiary Designation Form

Check one: ☐ Active Employee ☐ Deferred Member ☐ Retiree ☐ Survivor

Please print in dark ink and return completed form to the Retirement Office. Use this form to designate or change your beneficiary(ies) with the retirement system. The designated beneficiary(ies) will receive any monies due at the time of your death.

Section One: Member/Retiree/Survivor Information

Member No. _____

First Name	Middle Initial	Last Name	Social Security Number	
Mailing Address		City	State	Zip Code
Telephone Number (daytime)		Telephone Number (evening)	Date of Birth	

If you are a survivor of a retiree, please list the retiree's name and Social Security number.

Retiree's Name	Middle Initial	Last Name	Social Security Number
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Section Two: Beneficiary Designation – You must designate at least one primary beneficiary.

Your designated primary and contingent beneficiary(ies) may be a person(s), estate, trust, or organization. When naming a person, always show given names; if a trust is named, legal documentation must be submitted with this form. Additionally, be advised when designating a minor, funds cannot be distributed until reaching age majority or legal guardianship for the minor has been provided.

You may designate more than one beneficiary. For each beneficiary, check whether you wish to make that person or entity a primary or contingent beneficiary. Funds will be divided equally among all named beneficiaries unless otherwise specified or required by law. Your primary beneficiary(ies) will receive any monies in your account at the time of your death. If your primary beneficiary(ies) is (are) unable to accept the distribution, your contingent beneficiary(ies) will receive the distribution.

Designation	Full name of person(s) or Estate		Address		
Primary <input type="checkbox"/>			Street		
Relationship	Social Security No.	Date of Birth	City	State	Zip Code
Primary <input type="checkbox"/>	Contingent <input type="checkbox"/>			Street	
Relationship	Social Security No.	Date of Birth	City	State	Zip Code
Designation	Trust or Organization (attach documentation)		Address		
Primary <input type="checkbox"/>	Contingent <input type="checkbox"/>			Street	
Trustee/Administrator	Tax ID No.		City	State	Zip Code

Important: A spousal beneficiary will be invalidated by divorce or remarriage. Any beneficiary designation will be invalidated by reestablishment of membership following withdrawal or retirement. **Additional beneficiaries may be listed on the reverse side of form; check here.** ☐
Please keep a copy of this form and review it periodically to ensure that it is still valid.

Section Three: Signature – MUST complete in full. If the signature can only be made by mark, two witness signatures are required on this form. Second witness must sign on the reverse side of form, if applicable.

I, _____, hereby direct that any monies related to my account, unless otherwise specified or

(PRINT FULL NAME)

required by law, will be paid in equal shares to any primary beneficiaries named on this form who survive me, but if none survive, such monies will be paid in equal shares to any contingent beneficiaries named on this form who survive me. I hereby certify that I have read and understand the instructions to this form and that all of the information I have entered on this form is true and complete. Submission of this document revokes any prior designations that I have made.

Signature _____

Date _____

Section Four: Witness – MUST be completed by a person, other than a beneficiary, who witnesses the member's signature.

I, _____, am witness that the above named member completed and signed this document.

(PRINT WITNESS NAME – CANNOT BE BENEFICIARY)

Signature _____

Date _____

Street Address _____

City _____

ST _____

Zip Code _____

Additional Beneficiary Designation:

Designation		Full name of person(s)		Address		
Primary <input type="checkbox"/>	Contingent <input type="checkbox"/>			Street		
Relationship		Social Security No.	Date of Birth	City	State	Zip
Primary <input type="checkbox"/>	Contingent <input type="checkbox"/>			Street		
Relationship		Social Security No.	Date of Birth	City	State	Zip

Second Witness Signature, if applicable – MUST be completed by a person, other than a beneficiary, who witnesses the member's signature.

I, _____, am witness that the above named member completed and signed this document.
(PRINT WITNESS NAME – CANNOT BE BENEFICIARY)

Signature

Date

Street Address

City

ST

Zip Code

This form requests that you provide your Social Security number. Internal Revenue Code Section 6041 (A), and 6109 authorize the Tacoma Employees' Retirement System (TERS) to solicit your Social Security number.

- Disclosure of your Social Security number to TERS is mandatory.
- TERS will use your Social Security number to ensure that any amounts disbursed under your account are properly reported to the Internal Revenue Service and as a reference number for tracking all data with regard to your retirement account.
- TERS will not disclose your Social Security number to any party unless required by law