

Check One:
ERS
TRS

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.

Do NOT Tu@uAuthm

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: _____