



TEACHERS' RETIREMENT SYSTEM OF OKLAHOMA

PO BOX 53524 OKLAHOMA CITY, OKLAHOMA 73152

LOCAL: (405) 521-2387 TOLL FREE: (877) 738-6365

PERSONAL DATA FORM 1A (ACTIVE or NON RETIRED)

All data contained on the Personal Data form must match the data submitted electronically by the employer via monthly contribution reports.

Please designate the reason for completing this form: New Member Name Change Return to Active Contributing
 Position Change District Transfer Address Change Other _____

1. Social Security Number	Name of School District or Institution	County
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Legal Name (All requests for change of name must include legal documentation [i.e. Marriage Certificate, Divorce Decree, etc.]
<input type="text"/>
(Last Name) (First Name) (Middle Name) (Maiden Name)

3. Permanent Mailing Address (Address must match address on monthly contribution reports)
<input type="text"/>
<input type="text"/>
(City) (State) (Zip Code)

GENDER (OPTIONAL)
<input type="checkbox"/> Male
<input type="checkbox"/> Female
MARITAL STATUS
<input type="checkbox"/> Single
<input type="checkbox"/> Married

4. Date of Birth
<input type="text"/>
(Month) (Day) (Year)

Personal Email Address _____

5. **Date of Employment** _____ **Position you will hold** _____

Hours typically worked per week _____

Position's total number of days worked per Fiscal* year _____
* i.e. 260 days/year for most 12-month employees from July 1 – June 30.

6. **a. Have you ever been a member of the Teachers' Retirement System?**
 Yes No

b. Were you a member before starting this job?
 Yes No

c. Have you withdrawn an account?
 Yes No

7. If the answer to questions No. 6.c. is "yes," please complete the applicable columns listing most recent employment first.

(School District, College or Agency)	(County)	(Year)	(Under What Name)	(Approximate Withdrawal Date)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby declare and affirm, under penalty of perjury, that to the best of my knowledge and belief, all statements and answers as written or printed herein are full, complete, and true whether or not written by my own hand.

Signature of Member _____ **Date** _____

I certify the above-named employee meets the requirements for membership in the Teachers' Retirement System.

Superintendent / Payroll Officer _____



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INSTRUCTIONS FOR COMPLETING BENEFICIARY DESIGNATION FORM 2A

This beneficiary form applies to active and non-retired members of the Teachers' Retirement System of Oklahoma (TRS). If you are retired and wish to update or make changes to your beneficiary designation, please use Beneficiary Designation Form 2R. The beneficiary designations you make on this form revoke and replace all prior beneficiary designations with TRS. Your designations do not become effective until this form is **signed by you** and **received** by TRS. Do not alter this form. **Remember to keep a copy of your completed form for your records.**

It is very important that you provide the **full legal name, address, relationship, date of birth, and Social Security number** of each beneficiary you designate. This information is essential in ensuring that your named beneficiaries can be located and receive your intended benefit amount. The Beneficiary Designation Form has two Sections: Member Account and Death Benefit.

Section 1. Member Account - Upon the death of a member who has not retired, the designated beneficiary(ies) shall receive the member's account balance as provided by law. Provided, if more than one primary beneficiary is named, the beneficiary shall not have the option to choose Option 2 (joint annuitant) retirement, if applicable, upon the member's death. If you have more than two primary beneficiaries, use a copy of this page.

Section 2. Death Benefit - Upon the death of an active (in-service) member who has not retired, TRS will pay to a beneficiary an \$18,000 death benefit as provided by law. The member may designate the same beneficiary(ies) listed in Section 1 or a different beneficiary(ies) to receive the death benefit. Provided, if the beneficiary in Section 2 differs from the sole beneficiary of the member's account in Section 1, no beneficiary shall have the option to choose Option 2 (joint annuitant) retirement, if applicable, in lieu of the death benefit. If no beneficiary is named in Section 2, the death benefit shall be paid to the beneficiary(ies) named in Section 1.

Each Section has three parts: Member Information, Primary and Contingent Beneficiary Designation, and Signature and Witness information. **Please print clearly in ink.**

Member Information – Provide your full legal name and SSN or Member ID.

Primary Beneficiary Designation – You can designate one or more primary beneficiaries. All primary beneficiaries share equally unless you note otherwise. In the event that multiple primary beneficiaries are named and a primary beneficiary dies before or simultaneously with you, the remaining primary beneficiary(ies) will be entitled to equal shares of the deceased beneficiary's designated benefit amount.

Contingent Beneficiary Designation – You can designate one or more contingent beneficiaries. Contingent beneficiaries receive benefits only in the event all primary beneficiaries die before or simultaneously with you. All contingent beneficiaries share equally, unless you note otherwise on your form. In the event that multiple contingent beneficiaries are named and a contingent beneficiary dies before or simultaneously with you, the remaining contingent beneficiary(ies) will be entitled to equal shares of the deceased beneficiary's designated benefit amount.

Signature and Witness – You and a witness must sign and date each page of the form. The witness must be a competent person, 18 years of age or older, and shall not be one of the named primary or contingent beneficiaries. There is no requirement that the witness be a notary public.

**Mail completed Beneficiary Designation Forms
to: Teachers' Retirement System of Oklahoma
P.O. Box 53524
Oklahoma City, OK 73152**

BENEFICIARY DESIGNATION (ACTIVE or NOT RETIRED)

Member Name

Member SSN or TRS Member ID

SECTION 1 – MEMBER ACCOUNT. Upon the death of a member who has not retired, the designated beneficiary(ies) shall receive the member's account balance as provided by law.

A. **PRIMARY BENEFICIARY(IES):** It is very important to clearly indicate your primary beneficiary(ies). Upon the death of any designated primary beneficiary, his/her interest shall pass to the surviving primary beneficiary(ies). If multiple primary beneficiaries are named and no percentage distribution is noted, any proceeds payable to such beneficiaries will be divided equally. Provided, if more than one primary beneficiary is named, the beneficiary shall not have the option to choose Option 2 (joint annuitant) retirement, if applicable, upon the member's death. If you have more than two primary beneficiaries, use a copy of this page to list additional beneficiaries.

1. I hereby designate

Last Name, First, Middle Initial

Social Security Number

Date of Birth

Relationship

Address

Percentage (must equal 100%)

2. I hereby designate

Last Name, First, Middle Initial

Social Security Number

Date of Birth

Relationship

Address

Percentage (must equal 100%)

B. **CONTINGENT BENEFICIARY(IES):** Proceeds are paid to contingent beneficiary(ies) only if there is no surviving primary beneficiary(ies) living at the member's death. If multiple contingent beneficiaries are named and no percentage distribution is noted, any proceeds payable to such beneficiaries will be divided equally. If you have more than two contingent beneficiaries, use a copy of this page to list additional beneficiaries.

1. I hereby designate

Last Name, First, Middle Initial

Social Security Number

Date of Birth

Relationship

Address

Percentage (must equal 100%)

2. I hereby designate

Last Name, First, Middle Initial

Social Security Number

Date of Birth

Relationship

Address

Percentage (must equal 100%)

Revoking Previous Designation of Beneficiary: By making these elections, I hereby revoke all other former designations made by me and expressly reserve the right to make other and further changes at any time I may elect as provided by law. If there is no designated beneficiary living at the time of my death, any amount due me shall be paid as provided by Oklahoma law.

Member's Signature

Date

The member's signature must appear exactly as the name appears on the top of this form.

WITNESSED BY:

Signature of Witness

Printed Name

Date

The witness must be a competent person 18 years of age or older and shall not be one of the named primary or contingent beneficiaries. There is **no** requirement that the witness be a notary public.

Minor Beneficiary: Under Oklahoma law, if a minor child (younger than 18 years of age) is designated as beneficiary, it will be necessary that a guardian be appointed by the court before payment is made.

BENEFICIARY DESIGNATION (ACTIVE or NOT RETIRED)

Member Name _____

Member SSN or TRS Member ID _____

SECTION 2 – DEATH BENEFIT

Upon the death of an active (in-service) member who has not retired, TRS will pay to a beneficiary an \$18,000 death benefit as provided by law. The member may designate the same beneficiary(ies) listed in Section 1 or a different beneficiary(ies) to receive the death benefit. Provided, if the beneficiary for the \$18,000 death benefit differs from the sole beneficiary of the member’s account, no beneficiary shall have the option to choose Option 2 (joint annuitant) retirement, if applicable, in lieu of the death benefit. If no beneficiary is named in Section 2, the death benefit shall be paid to the beneficiary(ies) named in Section 1.

A. **PRIMARY BENEFICIARY(IES):** It is very important to clearly indicate your primary beneficiary(ies). Upon the death of any designated primary beneficiary, his/her interest shall pass to the surviving primary beneficiary(ies). If multiple primary beneficiaries are named and no percentage distribution is noted, any proceeds payable to such beneficiaries will be divided equally. If you have more than two primary beneficiaries, use a copy of this page to list additional beneficiaries.

1. I hereby designate _____
 Last Name, First, Middle Initial Social Security Number Date of Birth

 Relationship Address Percentage (must equal 100%)

2. I hereby designate _____
 Last Name, First, Middle Initial Social Security Number Date of Birth

 Relationship Address Percentage (must equal 100%)

B. **CONTINGENT BENEFICIARY(IES):** Proceeds are paid to contingent beneficiary(ies) only if there is no surviving primary beneficiary(ies). Contingent beneficiaries do not share in the amount due if any of the primary beneficiaries are living at the member’s death. If multiple contingent beneficiaries are named and no percentage distribution is noted, any proceeds payable to such beneficiaries will be divided equally. If you have more than two contingent beneficiaries, use a copy of this page to list additional beneficiaries.

1. I hereby designate _____
 Last Name, First, Middle Initial Social Security Number Date of Birth

 Relationship Address Percentage (must equal 100%)

2. I hereby designate _____
 Last Name, First, Middle Initial Social Security Number Date of Birth

 Relationship Address Percentage (must equal 100%)

Revoking Previous Designation of Beneficiary: By making these elections, I hereby revoke all other former designations made by me and expressly reserve the right to make other and further changes at any time I may elect as provided by law. If there is no designated beneficiary living at the time of my death, any amount due me shall be paid as provided by Oklahoma law.

Member’s Signature _____ Date _____
 The member’s signature must appear exactly as the name appears on the top of this form.

WITNESSED BY: _____
 Signature of Witness Printed Name Date

The witness must be a competent person 18 years of age or older and shall not be one of the named primary or contingent beneficiaries. There is **no** requirement that the witness be a notary public.

Minor Beneficiary: Under Oklahoma law, if a minor child (younger than 18 years of age) is designated as beneficiary, it will be necessary that a guardian be appointed by the court before payment is made.