

# CHANGE OF BENEFICIARY FORM

## PRIOR TO RETIREMENT

Retirement Systems of Alabama

P. O. Box 302150 ♦ Montgomery, Alabama 36130-2150

(334) 832-4140 or 1-800-214-2158

Web site: www.rsa.state.al.us

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.

### Member Information (Must be completed in all cases)

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
First Middle/Maiden Last

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone No.: (\_\_\_\_) \_\_\_\_\_ Membership Status:  Active Member  
 Inactive Member

### Beneficiary Change/Correction

To name multiple beneficiaries, use the back of this form.

#### DESIGNATION OF PRIMARY BENEFICIARY

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Address: \_\_\_\_\_  
Social Security Number Street or P. O. Box City State Zip Code

#### DESIGNATION OF CONTINGENT BENEFICIARY

Contingent Beneficiaries will receive benefits only if all Primary Beneficiaries are deceased.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Address: \_\_\_\_\_  
Social Security Number Street or P. O. Box City State Zip Code

( ) Check (✓) if Beneficiary information is continued on the back of this form.

### Member Authorization (Must be signed and notarized)

Signature of Member: \_\_\_\_\_ Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Notary

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me, the above named individual and made oath that the statements made are true.

\_\_\_\_\_  
Notary

My Commission Expires: \_\_\_\_\_

**Multiple Beneficiaries Change/Correction (Continued)**

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**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: \_\_\_\_\_  
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: \_\_\_\_\_  
Social Security Number Street or P. O. Box City State Zip Code

**DESIGNATION OF CONTINGENT BENEFICIARY(IES)**

*Contingent Beneficiaries will receive benefits only if all Primary Beneficiaries are deceased.*

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: \_\_\_\_\_  
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: \_\_\_\_\_  
Social Security Number Street or P. O. Box City State Zip Code