

Designation of Multiple Beneficiaries



Teachers Retirement System of Georgia

▼ To Be Completed by Member -- please print clearly

Your Information

Print or type all personal information below.

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Social Security Number

Last Name

First Name

Middle Initial

Beneficiary Designation

Please designate your primary and/or secondary beneficiaries.

The total percentage for primary beneficiaries should equal 100%. The total percentage for secondary beneficiaries should equal 100%. For example, if you have 3 primary beneficiaries, you need to make sure that the percentages allotted equal 100% (e.g., 40%, 30%, 30%).

PRIMARY BENEFICIARIES

1. _____

Name of Beneficiary	Date of Birth	Sex (M or F)	Relationship to Me
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
Soc. Sec. No. _____	Percentage of available benefits to be paid _____%		
2. _____

Name of Beneficiary	Date of Birth	Sex (M or F)	Relationship to Me
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
Soc. Sec. No. _____	Percentage of available benefits to be paid _____%		
3. _____

Name of Beneficiary	Date of Birth	Sex (M or F)	Relationship to Me
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
Soc. Sec. No. _____	Percentage of available benefits to be paid _____%		
4. _____

Name of Beneficiary	Date of Birth	Sex (M or F)	Relationship to Me
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
Soc. Sec. No. _____	Percentage of available benefits to be paid _____%		
5. _____

Name of Beneficiary	Date of Birth	Sex (M or F)	Relationship to Me
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
Soc. Sec. No. _____	Percentage of available benefits to be paid _____%		

SECONDARY BENEFICIARIES

1. _____

Name of Beneficiary	Date of Birth	Sex (M or F)	Relationship to Me
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
Soc. Sec. No. _____	Percentage of available benefits to be paid _____%		
2. _____

Name of Beneficiary	Date of Birth	Sex (M or F)	Relationship to Me
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
Soc. Sec. No. _____	Percentage of available benefits to be paid _____%		
3. _____

Name of Beneficiary	Date of Birth	Sex (M or F)	Relationship to Me
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
Soc. Sec. No. _____	Percentage of available benefits to be paid _____%		



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Your Signature

Please sign and date verifying the information provided above is accurate.

Signature

Date