



# Member Information and Beneficiary Designation Form

First Name		Middle Initial	Last Name	Maiden Name	Social Security number
Date of birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Home telephone number (      )		
Street Address			Work telephone number (      )	Extension	
City			Cell phone number (      )		
State		Zip		E-mail address	
<input type="checkbox"/> Member of other Illinois public employee retirement system (specify system's name) _____					

By completing this form, a TRS member or annuitant designates beneficiaries to receive death benefits. Information provided on this form will become part of the member's permanent TRS record and will determine distribution of death and survivor benefits. This designation revokes any prior designation. If this current designation is found to be invalid, the most recent designation on file with TRS will remain in effect. Eligibility is determined by the survivor's status at the time of the member's death. Monthly survivor benefits can be paid only to eligible dependent beneficiaries.\*

If the automatic designation is **selected**, do not complete the Beneficiary Refund or Survivor Benefits sections.

<input type="checkbox"/> <b>Automatic Designation</b> (commonly selected by members with a spouse and/or minor children)
In lieu of designating specific beneficiaries, I elect that my dependent beneficiaries, as determined at my death, receive a beneficiary refund and/or survivor benefits. If no dependent beneficiary survives, benefits will be paid to my estate.

If automatic designation is **not selected**, you must complete the Beneficiary Refund and Survivor Benefits sections.

Beneficiary Refund				Survivor Benefits			
Primary Beneficiaries				Primary Beneficiaries			
First name	Last	Date of birth	Relationship	First name	Last	Date of birth	Relationship
Alternate Beneficiaries				Alternate Beneficiaries			
First name	Last	Date of birth	Relationship	First name	Last	Date of birth	Relationship

If additional space is required, attach a separate sheet designating primary and alternate persons for Beneficiary Refund and Survivor Benefits. Also include the last four digits of your Social Security number, signature, and date.

No faxed copies accepted. Original signature required.

Member's signature (mandatory)	Date
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Signature pursuant to a General Power of Attorney is not accepted by TRS.

\*See reverse for more information.

## **Types of Beneficiaries**

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The member may designate a beneficiary to receive survivor benefits. If this individual is a dependent beneficiary, then he or she is eligible to receive either monthly benefits or a lump-sum payment. However, if the member designates a nondependent beneficiary, only a lump-sum benefit is payable. Monthly benefits **cannot be paid** to dependent beneficiaries if a nondependent beneficiary is also designated and survives the member.

**Dependent beneficiary.** A spouse to whom the member has been married for at least one year, except where a child is born of the marriage in which case the qualifying period is not applicable; an unmarried natural or adopted child under 18 or an unmarried child of any age who is dependent by reason of a physical or mental disability; a dependent parent who received from the member at least half of his or her support for the 12-month period immediately prior to the member's death; or an unmarried natural or adopted child between the ages of 18 and 22 who is a full-time student in an accredited institution.

**Nondependent beneficiary.** Any other designated person or entity who is not a dependent beneficiary.

## **Types of Benefits**

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**Beneficiary Refund.** This benefit is only payable upon death. The member cannot elect to receive this benefit. This refund includes a return of the member's retirement contributions, statutorily required interest on the retirement contributions, and member contributions paid toward the annual increases in annuity. This refund is payable: to a designated beneficiary; if no beneficiary is designated, to the surviving spouse; or if no one is designated and there is no surviving spouse, to the member's estate. After retirement, this amount is reduced by the amount of retirement benefit payments made to the member.

**Survivor Benefits.** A beneficiary is eligible to receive a lump-sum survivor benefit if the member's death occurs during TRS-covered employment or in the 12-month period immediately following the last day of earnings, while on a creditable leave of absence, or while receiving disability benefits.

A dependent beneficiary may also be eligible to receive monthly survivor benefits if certain requirements are met by the member before death.

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*Please visit the TRS Web site, [trs.illinois.gov](http://trs.illinois.gov), for answers to frequently asked questions or for more copies of this form (fillable online).*

*For instructions on designating a trust, please contact TRS.*

*A Qualified Illinois Domestic Relations Order (QILDRO) on file with TRS when the member dies may affect distribution of survivor benefits. For more information about QILDROs, please consult the QILDRO publication available on the TRS Web site.*

*As with all TRS benefits, death and survivor benefits must be paid in accordance with the Pension Code, 40 ILCS 5/16. If there is any discrepancy between the information on this form and applicable law, the law controls.*