

TEACHERS' RETIREMENT SYSTEM OF OKLAHOMA
 State Capitol P.O. Box 53524
 Oklahoma City, Oklahoma 73152

Member's Social Security Number		

DESIGNATION OF BENEFICIARIES

All information (full name, date of birth, age, relationship, and address of proposed beneficiary/beneficiaries) must be completed.

PRIMARY BENEFICIARY
 The Primary Beneficiary is the sole beneficiary if living at the member's death.

SECTION 1 - PRIMARY BENEFICIARY OR BENEFICIARIES: If more than one beneficiary is named in this section, the interest of all beneficiaries shall be equal. Upon the death of any designated primary beneficiary, his interest shall pass to the surviving primary beneficiaries in equal shares.

1. I hereby designate _____
 First Name Middle Name Last Name Date of Birth Age
 Relationship Address _____

2. _____
 First Name Middle Name Last Name Date of Birth Age
 Relationship Address _____

3. _____
 First Name Middle Name Last Name Date of Birth Age
 Relationship Address _____

4. _____
 First Name Middle Name Last Name Date of Birth Age
 Relationship Address _____

as my primary beneficiary(ies) if living, or in the event of prior death of all the primary beneficiaries, then payment is to be made to the contingent beneficiaries in Section No. 2

CONTINGENT BENEFICIARY
 The Contingent Beneficiary does not share in the amount due if any of the primary beneficiaries are living at the member's death.

SECTION 2 - CONTINGENT BENEFICIARY OR BENEFICIARIES: Payment will be made to contingent beneficiaries if all primary beneficiaries are deceased. If more than one contingent beneficiary is named, payment will be made in equal shares. Upon the death of a contingent beneficiary, his interest shall pass to the surviving contingent beneficiaries in equal shares.

1. I hereby designate _____
 First Name Middle Name Last Name Date of Birth Age
 Relationship Address _____

2. _____
 First Name Middle Name Last Name Date of Birth Age
 Relationship Address _____

3. _____
 First Name Middle Name Last Name Date of Birth Age
 Relationship Address _____

4. _____
 First Name Middle Name Last Name Date of Birth Age
 Relationship Address _____

as my contingent beneficiary(ies) to receive the amount as set forth in the Teachers' Retirement Law in the event of my death before retirement. (Contingent beneficiaries do not share in the amount due if any of the primary beneficiaries are living at my death.)

PRIMARY BENEFICIARY: The primary beneficiary is the sole beneficiary if living at the death of the member.

CONTINGENT BENEFICIARY: The contingent beneficiary is the beneficiary if all primary beneficiaries are deceased.

NAMING MORE THAN ONE BENEFICIARY: If more than one beneficiary is named, the interest of all beneficiaries shall be equal. Upon the death of any designated beneficiary his/her interest shall pass to the survivor or survivors in equal shares.

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 payments are made.

REVOKING PREVIOUS DESIGNATION OF BENEFICIARY: By this election, I hereby revoke all other and former designations made by me and expressly reserve the right to make other and further changes at any time I may elect. If there is no designated beneficiary living at the time of my death, any amounts due me shall be paid as provided by the Teachers' Retirement Law.

Signature of Member _____ Date _____
 (The signature must appear exactly as the name appears on the reverse side of this form. Power of Attorney or Guardian signature not valid unless accompanied by court order specifically authorizing the right to change beneficiaries.)