

Death Benefit Beneficiary Election

Retired Members Only

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Fort Worth, Texas 76107
Phone: 817.632.8900



- This designates the beneficiary for the Death Benefit of a Retired Member.
- Please note that your surviving spouse is primary and s/he supersedes anyone else you designate.
- **NOTE:** This form does NOT change any election made on your retirement application for the Surviving Spouse Benefit or a Designated Beneficiary election.

Section I. Personal Data

Is this a new address? Yes No

Member's Name (Last, First, M.I.)		Social Security Number	Page ___ of ___ (Use only if additional forms are attached)
Mailing Address		Former Employee ID (if known)	
City, State, Zip + 4		Date of Birth	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed	Date of Marriage (if applicable)		Primary Phone Number

Section II. Beneficiary Designation

Primary Beneficiary(ies)			
PRIMARY (Spouse, if married)**	Last Name, First, M.I.	Percentage	Relationship
Mailing Address			Social Security Number
City, State, Zip + 4		Phone #	Date of Birth
PRIMARY	Last Name, First, M.I.	Percentage	Relationship
Mailing Address			Social Security Number
City, State, Zip + 4		Phone #	Date of Birth
Contingent Beneficiary(ies)			
CONTINGENT	Last Name, First, M.I.	Percentage	Relationship
Mailing Address			Social Security Number
City, State, Zip + 4		Phone #	Date of Birth
CONTINGENT	Last Name, First, M.I.	Percentage	Relationship
Mailing Address			Social Security Number
City, State, Zip + 4		Phone #	Date of Birth
I hereby certify that the information provided on this form is true and correct to the best of my knowledge. I understand that any deliberate misrepresentation for the purpose of obtaining benefits is an offense punishable by law.			
_____ Signature of Employee		_____ Date	_____ Signature of Witness (not beneficiary)
		_____ Date	

If you have additional Primary or Contingent beneficiaries, please complete a second form and label it page 2 at the top.

**** Your spouse must be listed as your primary beneficiary if you are married. If your spouse is waiving their right as your beneficiary, MUST contact your member specialist to complete an additional form Spousal Consent to Waive Beneficiary Rights.**