

Tucson Supplemental Retirement System
DESIGNATION OF BENEFICIARY
FOR ACTIVE AND DEFERRED MEMBERS ONLY

LAST NAME:
FIRST NAME, MI:
SSN or Employee ID:
DATE OF BIRTH:
STREET ADDRESS:
CITY, STATE, ZIP:
TELEPHONE NUMBER:

This Designation of Beneficiary Form will be used to distribute your TSRS Retirement Contributions AND Final Regular Pay, Vacation Leave, Sick Leave and Compensatory Time (if any) at the time of your death. Refer to the TSRS Plan Summary Guide at www.tucsonaz.gov/files/retirement/TSRS_Plan_Summary_FY17_updated_pg_3.pdf

Is there a **Domestic Relations Order** (divorce) affecting division of pension benefits or other order by a court of competent jurisdiction mandating your designation of specific persons as designated beneficiaries?

CIRCLE ONE: YES NO Signature _____ Date: _____

PRIMARY Beneficiary			
Last Name:	First Name:	Date of Birth:	Relationship:
Address:	City, State, Zip:	Male / Female Phone #	Percentage: Social Sec.#

PRIMARY Beneficiary			
Last Name:	First Name:	Date of Birth:	Relationship:
Address:	City, State, Zip:	Male / Female Phone #	Percentage: Social Sec.#

CONTINGENT Beneficiary			
Last Name:	First Name:	Date of Birth:	Relationship:
Address:	City, State, Zip:	Male / Female Phone #	Percentage: Social Sec.#

CONTINGENT Beneficiary			
Last Name:	First Name:	Date of Birth:	Relationship:
Address:	City, State, Zip:	Male / Female Phone #	Percentage: Social Sec.#

If you need more space, please provide an additional sheet.

Signature of Employee Date Signature of Witness (not a named beneficiary) Date

If you are married, **and** do not name your spouse as primary beneficiary, the signature of your spouse is **required** as proof of his/her consent. (Failure to provide spouse waiver will invalidate the designation).

Signature of Spouse Date Signature of Witness (not a named beneficiary) Date