

# New Member Form



## MEMBER INFORMATION

Please type or use only black ink and do not highlight. Any corrections must be initialed.

Member's Name (first, middle, last) \_\_\_\_\_ TMRS Identification Number (not required) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Sex:  Male  Female \_\_\_\_\_ City Name **City of Carrollton**

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Gross Monthly Salary \_\_\_\_\_ Date of Participation \_\_\_\_\_ TMRS City Number **230**

Check one if applicable: **Uniformed**  fire  police OR **Non-uniformed**  fire  police

If you are a member of any of the following systems, please check the appropriate box(es):

Texas Municipal Retirement System  Texas County and District Retirement System  Teacher Retirement System of Texas

Employees Retirement System of Texas  City of Austin Employees Retirement System  Judicial Retirement System of Texas

## BENEFICIARY DESIGNATION (LIMIT 3)

Please read instructions before completing. This beneficiary designation will not control in the event you are or become vested.

Beneficiary's Full Name (first, middle, last) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Sex:  Male  Female \_\_\_\_\_ Relationship (required) \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Beneficiary's Full Name (first, middle, last) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Sex:  Male  Female \_\_\_\_\_ Relationship (required) \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Beneficiary's Full Name (first, middle, last) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Sex:  Male  Female \_\_\_\_\_ Relationship (required) \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

## CUSTODIAN UNDER THE TEXAS UNIFORM TRANSFERS TO MINORS ACT

You may designate a custodian if any beneficiary is under 21 years of age.

Custodian's Name (first, middle, last) \_\_\_\_\_ Custodian's Relationship to Beneficiary \_\_\_\_\_

## MEMBER SIGNATURE REQUIRED

I request that if I die before becoming vested, my account balance and any Supplemental Death Benefits that may be due be paid to the person(s) listed above. Should I, at some future time, decide to have my account balance paid to someone other than the person(s) listed above, I will make the change in writing on a form prescribed by TMRS. If a beneficiary named above predeceases me and I fail to name another beneficiary, or in the event my relationship with said beneficiary ceases, then this designation shall become inoperative as to that beneficiary. I understand that if I name more than one primary beneficiary, my account balance will be paid to the surviving primary beneficiaries in equal shares (unless I have otherwise directed on this form). By signing this form, I certify that I have read the attached instructions.

Member's Signature \_\_\_\_\_ Date Signed (MM/DD/YYYY) \_\_\_\_\_

Please read the information provided on the reverse side of this document.



## BENEFICIARY NOTES

### HOW LONG IS THE BENEFICIARY DESIGNATION VALID?

- The designation on this form is valid until you redesignate a beneficiary on the Not Vested – Change of Beneficiary form; OR
- You become vested (at which time your designation on this form may become inoperative) – you will need to submit a Vested – Change of Beneficiary form at that time to designate a beneficiary, OR
- You apply for retirement, at which time you will need to submit a Selection of Service Retirement Plan form to designate a beneficiary.
- If you have more than one **non-retired** account with TMRS as a result of employment with more than one city, the beneficiary designation on this form will apply to all cities.

### DESIGNATING YOUR BENEFICIARY

- You may designate up to three beneficiaries. Unless directed otherwise in writing **on the form**, your benefits will be paid equally to the surviving beneficiaries. Please contact TMRS for instructions on how to provide for unequal distribution.
- If you wish to designate alternate beneficiaries, please contact TMRS or your employing city – you will need to complete the Not Vested – Change of Beneficiary form. Your benefits will be paid to your alternate beneficiaries only if the designation with respect to each primary beneficiary is revoked by death or your relationship with each primary beneficiary has terminated.

### SUPPLEMENTAL DEATH BENEFITS (SDB)

- If your employer provides Supplemental Death Benefits (SDB) and you die while employed, TMRS will pay a one-time lump sum payment approximately equal to one year's salary based on the 12 months immediately preceding your month of death.
- **The SDB payment will be paid to the beneficiary(ies) designated on this form, even if you have previously designated a different SDB beneficiary.**
- **If you wish to designate a different beneficiary(ies) other than the person(s) designated on this form to receive the SDB payment, you will need to complete the Supplemental Death Benefit Beneficiary Designation form.**

### ESTATE, TRUST, AND CHARITY DESIGNATIONS

- If you wish to designate your estate as beneficiary, please write only the word "ESTATE" in the space provided for the name of the beneficiary.
- If you wish to designate a charity as beneficiary, please write the name of the charity (i.e., American Heart Association) in the space provided for the name of the beneficiary.
- If you wish to designate a trust, please write "Trustee of the (enter name of trust here)" in the space provided for the name of the beneficiary. Please ensure that you have a legal trust agreement in place prior to designating a "Trust" on this form.
  - TMRS will accept the designation of a Trust. However, we cannot assure that if and when a benefit becomes payable from this System, the designation will be legally valid. In other words, if the trustee does not accept or has died, or if the trust has been revoked, or if for any other reason the designation is not legally sufficient at the time of the member's death, the benefit due from the System will be paid in accordance with the provisions of the TMRS Act as if no trust/trustee had been designated.

### DESIGNATING MINOR CHILDREN

Chapter 141 of the Texas Property Code is the Texas Uniform Transfers to Minors Act (TUTMA), which allows you to nominate a "custodian" to receive TMRS benefits on behalf of your minor beneficiary. If you wish to designate a minor child, please do the following:

- Write the full name and all information pertaining to the minor child in the Beneficiary section of the form. Then complete the "Custodian Section" directly under the beneficiary section.

### RULES

- Only adults at least 21 years of age, financial institutions, corporations, or other legal entities may serve as custodians.
- You cannot nominate two or more custodians to serve jointly. However, you may nominate a substitute custodian to serve in the event the first nominated custodian dies before the first payment is made, declines, or is ineligible to serve. Please contact TMRS for instructions on how to nominate a substitute custodian.
- You may designate the same custodian for up to three minors. If one custodian is named for all three minors, that custodian would receive separate benefit payments for each minor.
- When the minor beneficiary reaches age 21, the custodianship for that beneficiary as to TMRS benefits is terminated and any benefits that become payable will be paid directly to that beneficiary.
- The designated custodian may select any benefit option that the minor could select if the minor were an adult.
- If an eligible custodian is designated to receive benefits, there is no limit on the amount of benefits that can be paid to the custodian.
- The minor's Social Security number is used for IRS reporting purposes.

### TMRS WILL NOT ACCEPT

- Attachments (listing additional beneficiaries – contact TMRS for the correct form to designate alternate beneficiaries)
- Alterations without initials
- An incomplete form or any attempt to change its provisions
- An unacceptable beneficiary designation