

This form is only to be used as a supplement to designate additional beneficiaries when using **Form 123 Beneficiary Designation for Active Members** to add or change beneficiaries.

If you complete this form and send it to TRS without a completed and notarized **Form 123 Beneficiary Designation for Active Members**, this form will be returned to you, and you will be asked to complete Form 123.



Montana Teachers' Retirement System

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Helena, MT 59620-0139
406-444-3134 866-600-4045
trs.mt.gov

TRS Office Use Only

FORM 123A: Attachment to Beneficiary Designation for Active Members

In compliance with the Americans with Disabilities Act of 1992, alternative accessible formats of this document will be provided upon request.

Member's Printed Name _____

Member's Social Security Number _____

This Attachment is incorporated with, and made part of, the Beneficiary Designation (TRS Form 123) signed by me on this same date.

Certification and Member's Signature – must be signed in the presence of a notary public

By my signature, I certify that I have read and understand the information provided on this form. I hereby designate the person(s), estate, and/or trust named on this form as my beneficiary(ies). In the event of my death prior to retirement or withdrawal of my account, I hereby authorize and direct Montana Teachers' Retirement System (TRS) to pay any benefits owed on my behalf to my designated beneficiary(ies) as indicated on this beneficiary designation form.

Member's Signature _____

Date _____

TO BE COMPLETED BY THE NOTARY PUBLIC:

This instrument was signed before me by _____ on the _____ day of _____, 20_____.

Signature of Notary Public: _____

Typed/Printed Name of Notary: _____

Residing at: _____

My commission expires: _____

<input type="checkbox"/> Primary	<input type="checkbox"/> Individual	<input type="checkbox"/> My Estate (see instructions)	<input type="checkbox"/> My Trust (see instructions)	Birth Date (mm/dd/yyyy)	Social Security or Tax ID #
<input type="checkbox"/> Contingent	Full Name				
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Relationship to Member: <input type="checkbox"/> Legal Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other (specify):			
Mailing Address	City	State	ZIP Code	Phone Number	
<i>Trustee Information must be provided if this beneficiary is your Trust. A Custodian Designation may be made if this beneficiary is a minor child (under age 21).</i>					
Pay to <input type="checkbox"/> as Trustee of the Trust <u>or</u> <input type="checkbox"/> as Custodian for the Minor Child Full Name					
Mailing Address	City	State	ZIP Code		

<input type="checkbox"/> Primary	<input type="checkbox"/> Individual	<input type="checkbox"/> My Estate (see instructions)	<input type="checkbox"/> My Trust (see instructions)	Birth Date (mm/dd/yyyy)	Social Security or Tax ID #
<input type="checkbox"/> Contingent	Full Name				
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Relationship to Member: <input type="checkbox"/> Legal Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other (specify):			
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