

This form is only to be used as a supplement to designate additional beneficiaries when using **Form 108 Application for Retirement Allowance** to apply for retirement.

If you are not applying for retirement at this time, but you would like to designate additional beneficiaries, please use **Form 123A Attachment to Beneficiary Designation for Active Members**.

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**FORM 123B: BENEFICIARY DESIGNATION ATTACHMENT FOR ELECTION
OF NORMAL FORM OR EITHER 10 OR 20 YEAR CERTAIN & LIFE BENEFIT ALLOWANCE**

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, Form 108 Application for Retirement Allowance 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 **Form 108 Application for Retirement Allowance**. 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). Pay to <input type="checkbox"/> as Trustee of the Trust or <input type="checkbox"/> as Custodian for the Minor Child Full Name</i>					
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