



Montana Teachers' Retirement System

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TRS Office Use Only

FORM 147: Member/Retiree's Certification of Marital Status – Spouse/Beneficiary

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

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK

Member/Retiree Information

Full Name: First				Middle	Last	Suffix	Birth Date (mm/dd/yyyy)
Mailing Address - City, State, ZIP+4 (if unknown, use 5-digit ZIP code)							Social Security Number
()							
Telephone Number							

Information About Certification of Marital Status

As used in this Form, "spouse" means an individual, whether opposite-sex or same-sex, who would be recognized as the legal spouse of a TRS member under Montana's marriage and family laws without consideration for any such law that prohibits marriage between individuals of the same sex.

While a TRS member is not required to designate the member's spouse as a beneficiary, once such designation is made, the TRS member may not change the beneficiary designation in a manner that reduces or revokes the beneficiary interest of the spouse while a divorce is pending unless allowed by written authorization from the member's spouse or a court order.

Therefore, if you are submitting a beneficiary designation form that will have the effect of reducing or revoking the beneficiary interest of your previously designated spouse-beneficiary, you must complete this form to certify your current marital status. If a divorce is currently pending, you may reduce or revoke your spouse's beneficiary interest only by submitting one of the following:

- Your spouse's voluntary waiver of his/her beneficiary interest using TRS Form 147A, or
- An order issued by the Court in which your divorce is pending authorizing you to revoke your spouse's beneficiary interest.

Important Note Regarding Requirement for Family Law Order: If your divorce is final but the divorce decree (or a related court order) grants your ex-spouse the right to receive any portion of your TRS benefit or account balance, TRS may only make such distribution directly to your ex-spouse as directed by a family law order (FLO)—a specific court order described under TRS law—and only after a certified copy of the FLO has been submitted to and approved by TRS. It is your obligation to ensure that a FLO, if necessary, is issued by the court and submitted to TRS.

1. My Spouse/Beneficiary Information

I am currently legally married to or was previously and most recently married to the following individual who is currently designated as a beneficiary on my TRS account:

Spouse/Beneficiary Information:

Full Name	Birth Date (mm/dd/yyyy)
X X X - X X - _____	_____
Social Security Number	Our Date of Marriage (mm/dd/yyyy)



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Member's Printed Name

Member's Social Security Number

2. My Current Marital/Divorce Status – Authorization to Reduce or Revoke Beneficiary Interest (mark and complete only one section: A, B, or C).

A. I am currently married to the Spouse/Beneficiary and, as of the date of signing below, both of the following are true:

- I have not filed for divorce from my spouse; and
I have not been served in a divorce action filed by my spouse.

B. I am no longer married to the Spouse/Beneficiary because either (mark and complete only one: 1 or 2):

1. The Spouse/Beneficiary is deceased as of (date of death mm/dd/yyyy), or

2. I was divorced from the Spouse/Beneficiary by final decree entered on (date final decree entered mm/dd/yyyy)

in Montana District Court for the County of (county).

C. I am currently married to the Spouse/Beneficiary and, as of the date of signing below, a divorce action is pending. However, I am authorized to reduce or revoke the beneficiary interest of my spouse by either (mark and complete only one: 1 or 2):

- a signed and notarized written authorization from my spouse (Spouse's Voluntary Waiver of Beneficiary Interest [TRS Form 147A]), which is enclosed with this form, or
an order issued by the Court in which our divorce is pending, a certified copy of which is enclosed with this form.

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 certify that the information I have provided on this form is true and correct. If any of the information is not true or correct, I hereby hold TRS harmless and indemnify TRS from and for all liabilities, damages, or other costs or fees of any kind, including duplicate payment of benefits and attorney's fees, arising due to my misrepresentation or misstatement, whether or not the misrepresentation or misstatement was intentional.

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: