



Supplemental Death Benefits Beneficiary Designation (TMRS-0075)

PURPOSE

This form allows you (as an active or retired employee) to designate a beneficiary to receive the Supplemental Death Benefits (SDB) due upon your death. Only employees and retirees of cities participating in the Supplemental Death Benefits (SDB) program should complete this form.

- If you are an active employee, this benefit is a one-time lump sum payment approximately equal to one year's salary based on the 12 months immediately preceding your month of death.
- If you are a retired employee, this benefit is a one-time lump sum payment of \$7,500.

**Texas Municipal Retirement System
P.O. Box 149153
Austin, Texas 78714-9153**

800.924.8677 • 512.476.7577 • FAX 512.476.5576 • www.TMRS.com

PURPOSE

This form allows you (as an active or retired employee) to designate a beneficiary to receive the Supplemental Death Benefits (SDB) due upon your death. Only employees and retirees of cities participating in the Supplemental Death Benefits (SDB) program should complete this form.

- If you are an active employee, this benefit is a one-time lump sum payment approximately equal to one year's salary based on the 12 months immediately preceding your month of death.
- If you are a retired employee, this benefit is a one-time lump sum payment of \$7,500.

HOW LONG IS THE SDB BENEFICIARY DESIGNATION VALID?

The designation on this form is valid until you submit another beneficiary designation to TMRS on a form prescribed by TMRS — at that time your SDB beneficiary designation on this form will become inoperative.

IMPORTANT: If you change your beneficiary designation on ANY beneficiary form prescribed by TMRS after submitting this form, your SDB beneficiary designation on this form will become inoperative.

DESIGNATING YOUR BENEFICIARY

- You may designate **up to three** primary beneficiaries and **up to three** alternate beneficiaries. Unless directed otherwise in writing **on this form**, your benefits will be paid **equally** to the surviving primary beneficiaries, or equally to the surviving alternate beneficiaries if there are no surviving primary beneficiaries. Contact TMRS for instructions on how to provide for unequal distributions.

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.

ESTATE, TRUST & 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 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.

TMRS WILL NOT ACCEPT:

- Attachments (listing additional beneficiaries)
- Alterations without initials
- An incomplete form or any attempt to change its provisions
- An unacceptable designation

Supplemental Death Benefits Beneficiary Designation



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)

Social Security Number

Mailing Address

Daytime Phone Number

City State Zip

Employing City Name

SDB BENEFICIARY DESIGNATION (LIMIT 3) Please read instructions before completing.

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. See instructions provided with this form.

Custodian's Name (first, middle, last)

Custodian's Relationship to Beneficiary

ALTERNATE SDB BENEFICIARY (LIMIT 3) Please read instructions before completing.

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)

MEMBER SIGNATURE REQUIRED

This beneficiary designation revokes all previous beneficiary designations I have made with regard to the Supplemental Death Benefits Fund which may be payable upon my death. Should I, at some future time, decide to have my SDB payment paid to someone other than the person(s) listed above, I will make the change in writing on a form prescribed by TMRS. Should all primary and alternate beneficiaries named above predecease me and I fail to name another beneficiary, or in the event my relationship with all primary and alternate beneficiaries ceases, then this designation shall become inoperative as to those beneficiaries and any benefit payable from the Supplemental Death Benefits Fund shall be paid to the beneficiary entitled to receive my retirement benefit. I understand that if I name more than one primary or alternate beneficiary, the Supplemental Death Benefits will be paid to the surviving primary beneficiaries in equal shares (unless I have otherwise directed on this form) or in equal shares to the surviving alternate beneficiaries if I am not survived by any primary beneficiary(ies). By signing this form, I certify that I have read the instructions provided with this form.

Member's Signature

Date Signed (MM/DD/YYYY)

Please read the instructions provided with this form.

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TMRS - 0075 • Revised 7-2009



DESIGNATING MINOR CHILDREN (CUSTODIAN UNDER TUTMA)

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 “Primary Beneficiary” or “Alternate 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 any 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 is terminated and any TMRS benefits that become payable will be paid directly to that beneficiary.
- The designated custodian can select any benefit option that the minor could select if the minor were an adult.
- If there is an eligible custodian designated to receive benefits, there is no limit on the amount of benefits which can be paid to the custodian.
- The minor’s Social Security number is used for IRS reporting purposes.