

# CHANGE OF BENEFICIARY PRIOR TO RETIREMENT

Check One:

- ERS
- TRS

Retirement Systems of Alabama  
 P. O. Box 302150 ♦ Montgomery, AL 36130-2150  
 334-517-7000 or 877-517-0020  
 www.rsa-al.gov

**Instructions:** Complete the Member Information, Beneficiary Change/Correction, and Member Authorization sections of this form. This form must be signed and notarized for changes to be activated.

**Do NOT use this form if you are retired or participating in DROP. Please contact the RSA for the proper form.**

**MEMBER INFORMATION (Must be completed in all cases)**

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
First Middle/Maiden Last

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone No.: \_\_\_\_\_ Membership Status:  Active Member  
 Inactive Member

Email Address: \_\_\_\_\_

**BENEFICIARY CHANGE/CORRECTION**

**To name multiple beneficiaries, use the back of this form.**

**DESIGNATION OF PRIMARY BENEFICIARY**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Address: \_\_\_\_\_  
Social Security Number Street or P. O. Box City State Zip Code

**DESIGNATION OF CONTINGENT BENEFICIARY**

***Contingent Beneficiaries will receive benefits only if all Primary Beneficiaries are deceased.***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Address: \_\_\_\_\_  
Social Security Number Street or P. O. Box City State Zip Code

( ) Check (✓) if Beneficiary information is continued on the back of this form.

**MEMBER AUTHORIZATION (Must be signed and notarized)**

Signature of Member: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**NOTARY**

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me, the above named individual and made oath that the statements made are true.

Signature of Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_

**MULTIPLE BENEFICIARIES CHANGE/CORRECTION (Continued)**

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**DESIGNATION OF PRIMARY BENEFICIARY(IES)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Address: \_\_\_\_\_  
Social Security Number Street or P. O. Box City State Zip Code

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Address: \_\_\_\_\_  
Social Security Number Street or P. O. Box City State Zip Code

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Address: \_\_\_\_\_  
Social Security Number Street or P. O. Box City State Zip Code

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Address: \_\_\_\_\_  
Social Security Number Street or P. O. Box City State Zip Code

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Address: \_\_\_\_\_  
Social Security Number Street or P. O. Box City State Zip Code

**DESIGNATION OF CONTINGENT BENEFICIARY(IES)**

***Contingent Beneficiaries will receive benefits only if all Primary Beneficiaries are deceased.***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Address: \_\_\_\_\_  
Social Security Number Street or P. O. Box City State Zip Code

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Address: \_\_\_\_\_  
Social Security Number Street or P. O. Box City State Zip Code

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Address: \_\_\_\_\_  
Social Security Number Street or P. O. Box City State Zip Code

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Address: \_\_\_\_\_  
Social Security Number Street or P. O. Box City State Zip Code

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Address: \_\_\_\_\_  
Social Security Number Street or P. O. Box City State Zip Code