

State of West Virginia
Consolidated Public Retirement Board
Internet Form (Signature in Blue Ink Only)
 4101 MacCorkle Avenue SE, Charleston, West Virginia 25304-1636
 Telephone: 304-558-3570 or 800-654-4406 Fax: 304-558-1394

PRE-RETIREMENT BENEFICIARY
TEACHERS' DEFINED BENEFIT RETIREMENT SYSTEM
(Complete in Blue Ink Only)

SS# _____ EMPLOYER: _____

DATE OF BIRTH: _____ PHONE: _____

I _____, do hereby direct that in the event of my death before my effective retirement date, the Teachers' Defined Benefit Retirement System be authorized and directed to pay the full amount of my accumulated contributions, plus an amount equal to my member contributions, to the person(s) designated below, as my named beneficiary(ies).

I further understand that if I am at least fifty (50) years old and have at least twenty-five (25) years of total service at the time of my death, my surviving spouse will become entitled to a monthly annuity **only** if my spouse is designated as my sole primary refund beneficiary (WV Code §18-7A-23(b)(1)). Said monthly annuity will be paid in lieu of my accumulated contributions, and an amount equal to my member contributions, as stated above.

I reserve the right to change my beneficiary at any time prior to my retirement, my death or my withdrawal from membership. *I understand that my beneficiary(ies) selected below is only effective if officially recorded on a TRS beneficiary form approved by the Consolidated Public Retirement Board (CPRB) and said form must be on record in the CPRB's office and completed in its entirety prior to my death.*

Full Name of Beneficiary	Address	SSN <i>(Required)</i>	Date of Birth	Relationship	Percentage
					%
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>					
					%
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>					
					%
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>					
					%
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>					

Note: You may elect to name multiple primary and/or secondary beneficiaries. If you wish to do so and need more space than is provided, attach to this form a sheet of paper with your name and social security number; include all beneficiary information required above, whether the beneficiary is to be Primary or Secondary, plus the percent of the distribution each is to receive.

Once received and accepted by CPRB, this form supersedes any and all prior Beneficiary Designations for you under TRS.

SIGNATURE OF MEMBER: _____ DATE: _____

ADDRESS OF MEMBER: _____

SIGNATURE OF WITNESS: _____ DATE: _____

(Witness must be someone other than named beneficiary or member)

ADDRESS OF WITNESS: _____