

Teachers' Retirement System
of Oklahoma
P.O Box 53524
Oklahoma City, OK 73152

Reason for Sending Personal Data	
<input type="checkbox"/> New Member	<input type="checkbox"/> Job Change
<input type="checkbox"/> Address	<input type="checkbox"/> Dist Transfer
<input type="checkbox"/> Name Change	<input type="checkbox"/> Post-Retirement
<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Other

PERSONAL DATA

1. Social Security Number _____ Name of School District or Institution _____ County _____

2. Last Name/ Legal Name _____ First Given Name _____ Middle Given Name _____ Maiden Name _____

3. Permanent Mailing Address _____ Male
City _____ State _____ Zip Code _____ Female
 Single
 Married

4. Date of Birth _____ Place of Birth _____ County _____ State or Country _____

5. Position you will hold _____
Employment Date _____ (Check One) Full-time Part-time

(Membership eligibility requirements: Mandatory members must work at least 50% of workday; Optional members must work at least 20 hours per week.)

I certify the above-named employee meets the requirements for membership in Oklahoma Teachers' Retirement System.

Superintendent / Payroll Officer _____

6. Have you ever been a member of the Teachers' Retirement System of Oklahoma? Yes No
Were you a member before you started this job? Yes No
Have you withdrawn an account? Yes No

7. If the answer to any of the questions in No. 6 is "Yes", please complete the applicable columns listing most recent employment first.

School District, College or Agency _____ County _____ Year _____ Under what Name? _____ When Withdrawn? _____

I hereby declare and affirm, under penalty of perjury, that to the best of my knowledge and belief, all statements and answers as written or printed herein are full, complete, and true, whether or not written by my own hand.

Signature of Member _____

Date _____

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Social Security Number

DESIGNATION OF BENEFICIARIES

All information (full name, date of birth, age, relationship and address of proposed beneficiary/beneficiaries) must be completed.

SECTION 1 - PRIMARY BENEFICIARY(IES): is the sole beneficiary if living at the member's death. If more than one beneficiary is named in this section, the interest of all beneficiaries shall be equal. Upon the death of any designated primary beneficiary, his/her interest shall pass to the surviving primary beneficiaries in equal share. If you have more than 3 beneficiaries, use a copy of this page.

1. I hereby designate _____

Relationship	First Name	Middle Name	Last Name	Date of Birth	Age
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. I hereby designate _____

Relationship	First Name	Middle Name	Last Name	Date of Birth	Age
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3. I hereby designate _____

Relationship	First Name	Middle Name	Last Name	Date of Birth	Age
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

as my primary beneficiary(ies) if living, or in the event of prior death of all primary beneficiaries, then payment is to be made to the contingent beneficiaries in Section 2.

SECTION 2 - CONTINGENT BENEFICIARY(IES): does not share in the amount due if any of the primary beneficiaries are living at the member's death. Payment will be made to the contingent beneficiaries if all primary beneficiaries are deceased. If more than one contingent beneficiary is named, payment will be made in equal shares. Upon the death of a contingent beneficiary, his/her interest shall pass to the surviving contingent beneficiaries in equal shares. If you have more than 3 contingent beneficiaries, use a copy of this page.

1. I hereby designate _____

Relationship	First Name	Middle Name	Last Name	Date of Birth	Age
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. I hereby designate _____

Relationship	First Name	Middle Name	Last Name	Date of Birth	Age
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3. I hereby designate _____

Relationship	First Name	Middle Name	Last Name	Date of Birth	Age
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

as my contingent beneficiary(ies) to receive the amount set forth in the Teachers' Retirement Law in the event of my death before retirement. (Contingent beneficiaries do not share in the amount dues if any of the primary beneficiaries are living at my death.)

Minor Beneficiary: Under Oklahoma law, if a minor child (younger than 18 years of age) is designated as beneficiary, it will be necessary that a guardian be appointed by the court before payment are made.

Revoking Previous Designation of Beneficiary: By this election, I hereby revoke all other former designations made by me and expressly reserve the right to make other and further changes at any time I may elect. If there is no designated beneficiary living at the time of my death, any amount due me shall be paid as provided by the Teachers' Retirement Law.

Signature of Member _____

Date _____

(The signature must appear exactly as the name appears on the first page of this form. Power of Attorney or Guardian signature not valid unless accompanied by court order specifically authorizing the right to change beneficiaries.)