



TENNESSEE CONSOLIDATED RETIREMENT SYSTEM
502 Deaderick Street
Nashville, Tennessee 37243-0201

MEMBER INFORMATION CHANGE

Always list your name, social security number, and date of birth "As Reported" with TCRS. Please complete the "As Reported" and "Should Be" lines only on information you wish changed.

Name	Last	First	Middle	Maiden
As Reported:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name				
Should Be:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number				
As Reported:	<input type="text"/>			
Social Security Number				
Should Be:	<input type="text"/>			
Birthdate	Month	Day	Year	
As Reported:	<input type="text"/>			
Birthdate	Month	Day	Year	
Should Be:	<input type="text"/>			
Address				
As Reported:	<input type="text"/>			
Address				
Should Be:	<input type="text"/>			
Sex				
As Reported:	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Sex				
Should Be:	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Signature:				Date:
Department Name Where Employed:				
<input type="text"/>				
Work Phone Number:				
<input type="text"/>				



State of Tennessee
 Treasury Department
 Tennessee Consolidated Retirement System
 Retired Payroll
 502 Deaderick Street
 Nashville, Tennessee 37243-0201



CHANGE OF ADDRESS FOR RETIRED MEMBERS

Name _____

Social Security # _____

OLD ADDRESS

NEW ADDRESS

Telephone Number _____

Signature _____ Date _____

Please return this completed form to Tennessee Consolidated Retirement System at the above address.



TENNESSEE CONSOLIDATED RETIREMENT SYSTEM
502 Deaderick Street, Nashville TN 37243-0201

ACTIVE MEMBER CHANGE OF BENEFICIARY FORM

PART I: MEMBER INFORMATION

Social Security Number:

Birthdate: Home Phone: () Work Phone: ()

Name:
Last First Middle Maiden

Address:

City State Zip Code

TCRS will send confirmation of your change of beneficiary to the address you provide above.

The laws governing TCRS provide that you may designate more than one person as your beneficiary. For TCRS purposes, the term "person" means any individual, firm, organization, partnership, association, corporation, estate, or trust. **ESTATES, MULTIPLE BENEFICIARIES, AND INSTITUTIONS ARE ELIGIBLE FOR LUMP-SUM DISTRIBUTIONS ONLY. IF YOU LIST TWO OR MORE PERSONS, YOU HAVENAMED MULTIPLE BENEFICIARIES AND THEY MAY SHARE EQUALLY IN ANY LUMP-SUM PAYMENT. IF YOU HAVE NEVER MADE CONTRIBUTIONS TO TCRS, NO LUMP-SUM PAYMENT WILL BE MADE AND YOUR SPOUSE MAY BE THE ONLY PERSON ELIGIBLE FOR ANY TYPE DEATH BENEFIT.** If you name your spouse as beneficiary, he or she may be entitled to monthly benefits should you die in service. (Secondary or contingent beneficiaries are not permitted.) If available, I elect Option 1 for my beneficiary in the event of my death. I, the member, revoke any previous beneficiary nominations and direct that the above designation supersede any previously filed; provided, however, in the event I named my spouse and another person or persons as beneficiary herein and no death benefit is payable as a result thereof, I direct TCRS to revoke such designation and substitute my spouse instead as sole beneficiary. Contact the TCRS office if you have any questions.

Member Signature: _____ Date: _____

PART II: BENEFICIARY INFORMATION (If additional space is needed please attach a schedule.)

INDIVIDUALS

Last Name	First Name	Middle Name	Relationship	Sex	Birthdate	S.S.#
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

INSTITUTIONS OR ESTATES

Name	Taxpayer ID	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

• Please provide Social Security number or taxpayer ID, if available. If you name a trust, please attach a copy of the Trust Document.

State of _____ County of _____

_____ personally appeared before me on this the _____ day of _____, 20____, who makes oath that (he) (she) executed the foregoing instrument.

(Notary Seal)

Notary Public
My Commission Expires: _____